

**COMMISSION ON STATE MANDATES**

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



August 27, 2008

Mr. David M. O'Hara  
39300 Civic Center Drive, Suite 110  
Fremont, CA 94538

Mr. Allan P. Burdick  
MAXIMUS  
4320 Auburn Blvd., Suite 2000  
Sacramento, CA 95841

*And Affected State Agencies and Interested Parties (see enclosed mailing list)*

Re: **Addition of Co-Claimant**  
*Ethics Training and Compensation for Members of Local Agency  
Legislative Bodies, 07-TC-04*  
City of Newport Beach, Claimant and Union Sanitary District, Co-Claimant

Dear Mr. O'Hara and Mr. Burdick:

On August 19, 2008, the claimant notified the Commission on State Mandates that the Union Sanitary District is being added as a co-claimant to this test claim. MAXIMUS will act as the claimant and co-claimant's sole representative for this matter. Enclosed are the co-claimant's mailing information and authorizations.

Please contact Heidi Palchik at (916) 323-8218 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Nancy Patton".

NANCY PATTON  
Assistant Executive Director

Enclosures

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**1. TEST CLAIM TITLE**

Ethics Training and Compensation for  
Members of Local Agency Legislative Bodies

**2. CLAIMANT INFORMATION**

Union Sanitary District, co-claimant  
Name of Local Agency or School District  
David M. O'Hara  
Claimant Contact  
Legal Counsel  
Title  
39300 Civic Center Drive, Suite 110  
Street Address  
Fremont, CA 94538  
City, State, Zip  
(510) 793-9800  
Telephone Number  
(510) 797-8434  
Fax Number  
ohdave40@hotmail.com  
E-Mail Address

**3. CLAIMANT REPRESENTATIVE INFORMATION**

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

Allan Burdick  
Claimant Representative Name  
Vice President  
Title  
MAXIMUS  
Organization  
4320 Auburn Blvd., Suite 2000  
Street Address  
Sacramento, CA 95841  
City, State, Zip  
(916) 485-8102 x 113  
Telephone Number  
(916) 485-0111  
Fax Number  
allanburdick@maximus.com  
E-Mail Address

*For CSM Use Only*

Filing Date: **RECEIVED**

**AUG 18 2003**

**COMMISSION ON STATE MANDATES**

Test Claim #:

**4. TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED**

*Please identify all code sections, statutes, bill numbers, regulations, and/or executive orders that impose the alleged mandate (e.g., Penal Code Section 2045, Statutes 2004, Chapter 54 [AB 290]). When alleging regulations or executive orders, please include the effective date of each one.*

Government Code sections 53234 through 53235.2, statutes of 2005, chapter 700 [AB 1234]

*Copies of all statutes and executive orders cited are attached.*

Sections 5, 6, and 7 are attached as follows:  
**5. Written Narrative:** pages \_\_\_\_\_ to \_\_\_\_\_.  
**6. Declarations:** pages \_\_\_\_\_ to \_\_\_\_\_.  
**7. Documentation:** pages \_\_\_\_\_ to \_\_\_\_\_.

8. CLAIM CERTIFICATION

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

This test claim alleges the existence of a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this test claim submission is true and complete to the best of my own knowledge or information or belief.

RICHARD B. CURRIE

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

GENERAL MANAGER

Print or Type Title

Richard B. Currie

Signature of Authorized Local Agency or School District Official

8/12/08

Date

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

UNION SANITARY DISTRICT  
5072 BENSON ROAD  
PO BOX 5050  
UNION CITY, CA. 94587-8550

510-477-7500

FAX 477-7501

rich\_currie@unionsanitary.com

PROOF OF SERVICE BY MAIL

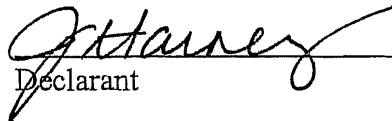
I, the undersigned, declare as follows:

I am a resident of the County of Sacramento, and I am over the age of 18 years and not a party to the within action. My place of employment is 4320 Auburn Blvd., Suite 2000, Sacramento, CA 95841.

On August 18, 2008, I served:

by placing a true copy thereof in an envelope addressed to each of the persons listed on the mailing list attached hereto, and by sealing and depositing said envelope in the United States mail at Clovis, California, with postage thereon fully prepaid.

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 this 18th day of August, 2008, at Sacramento, California.

  
Declarant

Ms. Carla Castaneda  
Department of Finance  
915 L Street, 11th Floor  
Sacramento, CA 95814

Ms. Susan Geanacou, Esq.  
Department of Finance  
915 L Street, Suite 1190  
Sacramento, CA 95814

Ms. Donna Ferebee  
Department of Finance  
915 L Street, 11th Floor  
Sacramento, CA 95814

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

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

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

Ms. Beth Hunter  
Centration, Inc.  
8570 Utica Avenue, Suite 100  
Rancho Cucamonga, CA 91730

Mr. J. Bradley Burgess  
Public Resource Management Group  
895 La Sierra Drive  
Sacramento, CA 95864

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

Mr. Glen Everroad  
City of Newport Beach  
3300 Newport Blvd.  
Newport Beach, CA 92659

Mr. David M. O'Hara  
Attorney at Law  
39300 Civic Center Drive, Suite 110  
Fremont, CA 94538

