

State of California  
COMMISSION ON STATE MANDATES  
1414 K Street, Suite 315  
Sacramento, CA 95814  
(916) 323-3562  
CSM 2 (2/91)

For Official Use Only	
<b>RECEIVED</b>	
OCT 16 2002	
COMMISSION ON STATE MANDATES	
Claim No.	02-9635802-I-67

*Postmarked  
10/12/02*

### INCORRECT REDUCTION CLAIM FORM

Local Agency or School District Submitting Claim

**City of Stockton**

Contact Person

Telephone No.

**David Wellhouse**

**( 916 ) 368-9244**

Address

**9175 Kiefer Blvd., Suite 121 Sacramento, CA 95826**

Representative Organization to be Notified

This claim alleges an incorrect reduction of a reimbursement claim filed with the State Controller's Office pursuant to section 17561 of the Government Code. This incorrect reduction claim is filed pursuant to section 17551(b) of the Government Code.

CLAIM IDENTIFICATION: Specify Statute or Executive Order

<u>Fiscal Year*</u>	<u>Amount of the Incorrect Reduction</u>
1995/96	\$15,389
1996/97	\$12,270
1998/99	\$10,389

\*More than one fiscal year may be claimed.

**IMPORTANT: PLEASE SEE INSTRUCTIONS AND FILING REQUIREMENTS FOR COMPLETING AN INCORRECT REDUCTION CLAIM ON THE REVERSE SIDE.**

Name and Title of Authorized Representative

Telephone No.

**Janet Salvetti**

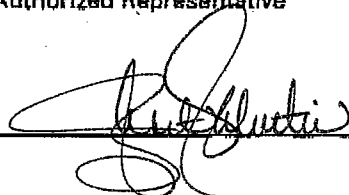
**Finance Officer**

**( 209 ) 937-8360**

Signature of Authorized Representative

Date

X



# **INCORRECT REDUCTION CLAIM OF THE CITY OF STOCKTON**

## **Chapter 783, Statutes of 1995, Chapters 156 and 749, Statutes of 1996 Investment Reports**

### **AUTHORITY FOR THE INCORRECT REDUCTION CLAIM**

The Commission on State Mandates ("Commission") has the authority pursuant to Government Code, Section 17551(b) to "hear and decide upon a claim by a local agency or school district filed on or after January 1, 1985, that the State Controller's Office ("Controller") has incorrectly reduced payments to the local agency or school district pursuant to paragraph (2) of subdivision (d) of Section 17561." The City of Stockton ("City") is a local agency as defined in Government Code, Section 17518.

### **CLAIM REQUIREMENTS OF THE INCORRECT REDUCTION CLAIM**

The following elements and documents of this claim are provided as required by Section 1185 of the California Code of Regulations:

A narrative of the Incorrect Reduction Claim.

A copy of letter(s) if available, from the Controller (Notice of Claim Adjustment) which explains the reason for the disallowance.

A copy of a letter sent by the City to the Controller explaining why the reduced amounts should be restored.

Declaration authenticating all documentary evidence included in this Incorrect Reduction claim.

Copies of the claims filed by the City of Stockton.

### **STATEMENT OF THE ISSUES**

The amount claimed by the City of Stockton for reimbursement of the costs of the mandate imposed by Chapter 783/95 represents the costs incurred by the City in carrying out the mandated activities. These costs were properly and fairly claimed under the Parameters and Guidelines for Chapter 783, Statutes of 1995 adopted by the COSM as well as the Claiming Instructions prepared by the State Controller's Office. Reimbursement of these costs is required under Article XIII B, Section 6 of the California Constitution.

The adjustments to the City's reimbursement claims by the Controller's Division of Accounting have no force or effect in law since:

- a) The Controller did not audit the claims or the records of the City of Stockton prior to denial of payment to verify the actual amount of the mandated costs, as is required by Government Code, Section 17561(d)(1)(A).
- b) The Controller cannot make a determination in fact or law that the amounts claimed are excessive or unreasonable as required by Government Code, Section 17561(d)(1)(a) because such a determination can only be made following a proper audit, and the Controller did not audit the claims.

- c) The adjustments made by the Controller are not supported by the evidence, and are arbitrary, capricious and contrary to law.
- d) The State Controller's Office reduced the amount claimed for software costs. This appears to be the case with all claims submitted. The software claimed in many of the claims filed is used solely for the purposes of producing the required report of investments. In the prior filing of Investment Report claims in the Spring of 1991, the State Controller's office allowed the exact costs that are now denied.
- e) This incorrect reduction claim has been timely filed.
- f) Because the Controller has enforced and is seeking to enforce its adjustment in contravention to the requirements of Government Code, Section 17561 and the Constitution of the State of California, the burden of proof is upon the Controller to establish a legal basis for its actions. The City has met its burden of going forward on this claim through its compliance with Section 1185, Title 2, California Code of Regulations.

### **NARRATIVE OF THE INCORRECT REDUCTION CLAIM**

The State Controller's Office ("Controller") incorrectly reduced the claims of the City for reimbursement of the City's costs of implementing the requirements of Chapter 783, Statutes of 1995. The Controller alleges that an excessive amount of time was claimed and/or that "costs not mandated" were present within the claim. All of the claims filed by the City complied with the parameters and guidelines and Claiming Instructions No 98-2 for Chapter 783, Statutes of 1995 and Chapters 156 and 749, Statutes of 1996 and are supported by substantial documentation and evidence. However, the Controller's reduction of these claims is arbitrary, capricious, and contrary to law.

### **BACKGROUND OF THE INVESTMENT REPORT MANDATE**

"On March 27, 1997, the Commission determined that the provisions of Government Code section 53646, subdivisions (a), (b) and (e), as added by Chapter 783, Statutes of 1995, and amended by Chapters 156 and 749, Statutes of 1996 imposed a new mandate or higher level of service in an existing program upon local agencies within the meaning of section 6, article XIII B of the California Constitution and section 17514 of the Government Code by requiring these agencies to perform the following activities:

To render an annual statement of investment policy pursuant to Government Code section 53646, subdivision (a).

To render quarterly reports of investments, as specified, pursuant to Government Code section 53646, subdivisions (b) and (e)."

### **PARAMETERS AND GUIDELINES**

On November 20, 1997 the Commission adopted parameters and guidelines (P's & G's) for Chapter 783, Statutes of 1995 and Chapters 156 and 749, Statutes of 1996. The P's and G's provided that any city, county, school district or special district was eligible to file claims for reimbursement of the costs that they incurred for any period on or after January 1, 1996. These costs were separated into two (2) sections. The first section labeled V (B) (1) in the Commission approved parameters and guidelines was the Statement of Investment Policy. The reimbursable activities listed under this section include "Prepare and submit the annual statement of investment policy, and changes to:

- a. The legislative body and any oversight committee for consideration at a public meeting, effective January 1, 1996.

- b. The county board of supervisor and any oversight committee for review and approval at a public meeting, effective January 1, 1997.

The second section labeled V(2) (a) and (b) in the Commission approved parameters and guidelines is listed as "Quarterly Report of Investments". This section is broken down into two (2) categories. The first category listed as "Implementation Costs", includes the following reimbursable activity:

- (a) "Develop or modify existing policies and procedures for accumulating and compiling data to prepare the quarterly report of investments, as required in section 53646, subdivisions (b)(1), (2), (3) and/or (e)".

The second category listed as "Ongoing Costs", includes the following reimbursable activities:

- (1) "Accumulate and compile data necessary to prepare the quarterly reports of investments, as required in Government Code section 53646, subdivision (b)(1), (2), and (3) and/or (e).
- (2) "Render a quarterly report of investments to the chief executive officer, the internal auditor, and the legislative body of the local agency or school district, as required in Government Code 53646, subdivision (b)(1).

## **THE CONTROLLER'S CLAIMING INSTRUCTIONS**

The Controller issued its original Claiming Instructions for Chapter 793, Statutes of 1995, and Chapters 156 and 749, Statutes of 1996 on January 20, 1998. The reimbursable activities listed in section 6 of Claiming Instructions No. 98-2 are identical to the reimbursable activities in the Commission approved parameters and guidelines detailed above.

## **THE CITY'S CLAIMS**

The City timely filed claims for reimbursement of costs incurred in implementing Chapter 793, Statutes of 1995, and Chapters 156 and 749, Statutes of 1996. All claims were completed in accordance with the Claiming Instructions in effect on the date of the claim. A true and correct copy of the City's claims are attached.

## **THE CONTROLLER'S NOTICE OF CLAIM ADJUSTMENT**

The Controller sent the first remittance advices dated October 12, 1999, to the City indicating that the City's claims had been reduced substantially. These remittance advice merely state that the claims were reduced for "excessive time and/or "costs not mandated" and/or Indirect Cost Calc Incorrect". The Controller's October 12, 1999, Notice of Claim Adjustment did not give any more information about why the claims had been reduced or the basis and methodology used to reduce them. It was determined later that the reduction for "Indirect Cost Calc Incorrect" meant that the total salaries and benefits in which the indirect cost rate was applied were reduced by the State Controller's Office resulting in a new base amount of salaries and benefits determined by the State Controller's Office. This was not a calculation error but rather a change to the claim brought on by the reduction of salaries and benefits costs by the Controller.

## **THE CITY'S CLAIMS COMPLIED WITH THE CLAIMING INSTRUCTIONS AND PARAMETERS AND GUIDELINES REQUIREMENTS**

The City's original claims complied with all requirements for payment under the State Controller's Claiming Instructions No 98-2. The City only claimed time that is allowed under the parameters and guidelines. The Controller arbitrarily reduced the claims of the City without identifying specifically which of the documented

costs or documentation it deemed to be inappropriate and without allowing the City any opportunity to adequately defend these claims due to the lack of information given by the Controller for the reduction of these claims.

### **THE CITY'S CLAIMS ARE PROPER, REASONABLE AND NOT EXCESSIVE**

The City timely filed the reimbursement claims. The claims submitted by the City are for costs identified in the parameters and guidelines as approved by the Commission and the claims comply with Claiming Instructions No 98-2 issued by the Controller. The City complied with all requirements for reimbursements that were stated in both the claiming instructions and the parameter and guidelines. The City's claims were reduced and/or denied in totality because the State Controller's Office determined for some unknown reason and method that "excessive time" and/or "costs not mandated" or the Controller's Office created reason "Indirect Cost Calc Incorrect". The City is entitled to full reimbursement of the claims filed under Chapter 793, Statutes of 1995, and Chapters 156 and 749, Statutes of 1996.

### **THE STATE CONTROLLER'S OFFICE FAILED TO IDENTIFY SPECIFIC COSTS WHICH ARE INELIGIBLE FOR REIMBURSEMENT AND HAS ARBITRARILY AND INCORRECTLY REDUCED THE CITY'S COSTS**

The State Controller's Office is required by law to pay the claims submitted by the City as specified in Government Code, section 17561(d). Adjustments to the claims can only be made following an audit of the claims by the Controller as specified in Government Code, Section 17561(d)(2), The Controller did not truly perform any audit of the City's claims or supporting documents. The Controller did not identify any specific costs that it alleges to be improperly claimed under the amended Parameters and Guidelines and the Controller's own Claiming Instructions. Instead, the Controller ignored the Parameters and Guidelines, the Claiming Instructions, the City's claims, and the supporting documentation and reduced or denied the City's claims based on the Controller's own internal criteria for determining what it would reimburse by substituting an arbitrary percentage of time for preparation of the required Annual Investment Policy, and reduced or abolished the time spent in the accumulation of the data required for the Quarterly Reports of Investment, as well as, the preparation, and review of the required investment report. All software costs were denied stating "costs not mandated" for software used specifically to prepare the required report of investments just as it was used many years earlier in a more primitive form when local agencies were required to submit a monthly report of investments as required by Chapters 1226, Statutes of 1984, and Chapter 1526, Statutes of 1985. The State Controller's Claiming Instruction No 91-8 for the reimbursement of the activities required by these two (2) statutes states the following in section 5.4:

Costs to acquire specialized software for compilation of the investment report and cash flow projections are reimbursable. If hardware investment is required, percentage use of this hardware is reimbursed.

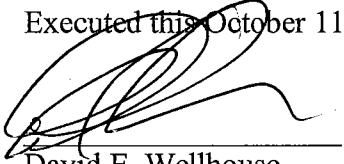
In the event that the City discovers additional information or documentation pertinent to this claim is discovered, the City respectfully reserves the right to amend this Incorrect Reduction Claim to include a request for official notice of such information and documentation.

The actions of the Controller were arbitrary and capricious and contrary to law. The Commission on State Mandates should (1) find that the claims submitted by the City of Stockton were in compliance with the Parameters and Guidelines approved by the Commission and the Claiming Instruction No 98-2 issued by the State Controller's Office; (2) that the claims were supported by proper documentation, that the costs claimed by the City are all reimbursable pursuant to Article XIII B, Section 6 of the California Constitution, under the Statement of Decision, Parameters and Guidelines and under the Claiming Instructions No 98-2; and (4) direct the Controller to immediately pay the entire amount of the City's claims.

### **CERTIFICATION**

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

Executed this October 11, 2002, at Sacramento, California.

A handwritten signature in black ink, appearing to read 'David E. Wellhouse', written over a horizontal line.

David E. Wellhouse  
President

David Wellhouse & Associates, Inc.



# CITY OF STOCKTON

## ADMINISTRATIVE SERVICES

City Hall • 425 N. El Dorado Street • Stockton, CA 95202-1997 • 209/937-8460 • Fax 209/937-8844  
www.stocktongov.com

June 13, 2002

Ms. Ginny Brummels, Section Manager  
Local Reimbursements - State Controller's Office  
Division of Accounting and Reporting  
3301 C Street, Suite 500  
Sacramento, CA 95816

**RE: Request to return funds of fiscal year(s) 1995/96, 1996/97, 1997/98, and 1998/99 Investments Reports state mandated cost claims incorrectly withheld by the State Controller's Office**

The purpose of this letter is to request the reinstatement of all funds withheld as shown by the Controller's remittance advice and claim adjustment letters for fiscal year(s) 1995/96, 1996/97, 1997/98 and 1998/99 Investment Reports claims filed with the State Controller's Office on May 20, 1998 and January 15, 1999. The letters received from the Controller's Office incorrectly reduced the City's claims stating that the City of Stockton had filed for "costs not mandated" and/or "excessive time". This reduction is reminiscent of the denial of cost letters the City received for the Open Meetings Act claims. In this case the Controller's Office denied significant portions of these claims for similar reasons. These claims were reduced with out conducting an audit to determine if in fact they were excessive. The City's Investment Report claims seem to fall into the same category as the prior Open Meetings claim because they apparently were reduced using the same type of audit guidelines used previously by the State Controller and found invalid and contrary to law by the Office of Administrative Law in their written opinion 1999 OAL Determination No. 25 dated October 29, 1999.

The City of Stockton formally requests the State Controller's Office return all amounts withheld for the 1995/96, 1996/97, 1997/98 and 1998/99 Investment Reports claims timely filed and delivered to your office on May 20, 1998 and January 15, 1999. The City believes that all costs claimed are appropriate costs under the State Controller's Claiming Instructions and the current Parameters and Guidelines adopted by the Commission on State Mandates.

Thank you in advance for your assistance. Should you have any questions, please call David Wellhouse of David Wellhouse and Associates, Inc. (DWA) at (916) 368-9244. Mr. Wellhouse is the contractor who prepares and files all of the City's state mandated cost claims.

Janet Salvetti  
Finance Officer

DW:JS:lw

A:\Ltr.sb908nv(irc).doc



**Declaration of Lori Williams**

**Investment Report Claims of the City of Stockton**

**Lori Williams makes the following declaration and statement under oath:**

**I am the Administrative Analyst II of Stockton, California. In my capacity as Administrative Analyst II I am the custodian of records of the City of Stockton's Finance Department.**

**Attached are true and correct copies of the claims filed by the City of Stockton with the State Controller's Office for costs mandated by Chapter 793, Statutes of 1995, Chapter 156, Statutes of 1996, and Chapter 749, Statutes of 1996 - Investment Reports and correspondence including remittance advices and denial letters received by the City of Stockton from the State Controller.**

**The foregoing facts are known to me by my personal knowledge or information or belief and if so required, I could and would testify to the statements made herein.**

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Executed on June 14 200<sup>2</sup>, at Stockton, California.

  
Lori Williams





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

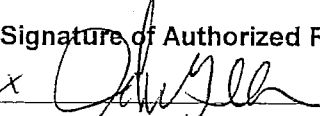
PAYEE: TREASURER, CITY OF STOCKTON  
FUND NAME: GENERAL FUND

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-



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:		<b>Reimbursement Claim Data</b>	
<b>9839900</b> <b>CITY FINANCE OFFICER</b> <b>CITY OF STOCKTON</b> <b>425 NORTH EL DORADO STREET</b> <b>STOCKTON, CA 95202</b>		(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	
	<b>CA</b>		
<b>Type of Claim</b>	<b>Estimated Claim</b>	<b>Reimbursement Claim</b>	(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)
<b>Fiscal Year of Cost</b>	(06)	(12)	(31)
		<b>1/1/96 - 6/30/96</b>	
<b>Total Claimed</b>	(07)	(13)	(32)
		<b>\$20,159</b>	
<b>Less: 10% Late Penalty, but not to exceed \$1000</b>	(14)	(14)	(33)
<b>Less: Estimated Claim Payment</b>	(15)	(15)	(34)
<b>Net Claimed Amount</b>	(16)	(16)	(35)
		<b>\$20,159</b>	
<b>Due from State</b>	(08)	(17)	(36)
		<b>\$20,159</b>	
<b>Due to State</b>	(18)	(18)	(37)
			<b>12,237</b>
<b>(38) CERTIFICATION OF CLAIM</b>			
<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>			
<b>Signature of Authorized Representative</b>		<b>Date</b>	
 _____ <b>JOHN GEER</b>		_____ <b>MAY 20, 1998</b>	
<b>Type or Print Name</b>		<b>Title</b>	
_____ <b>DAVID WELLHOUSE (DWA)</b>		_____ <b>ASSISTANT FINANCE DIRECTOR</b>	
<b>(39) Name of Contact Person for Claim</b>		<b>Telephone Number</b>	
_____ <b>DAVID WELLHOUSE (DWA)</b>		_____ <b>(916) 368-9244</b>	

**MANDATED COSTS  
INVESTMENT REPORTS  
CLAIM SUMMARY**

**FORM  
INR-1**

(01) Claimant

**CITY OF STOCKTON**

(02) Type of Claim

Reimbursement

Estimated

Fiscal Year: 1995/96

**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	(b) 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	\$25.37	38.9%	6.0	\$152.24	\$59.22				\$211
Lynn Farrar - Accountant II	\$23.82	38.9%	180.0	\$4,287.60	\$1,667.88				\$5,955
Pat Samsell - Finance Director	\$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  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	
<b>Labor Costs</b>					
Salaries & Wages	\$99,701			\$99,701	
Part-time Wages & Overtime	\$17,119			\$17,119	
Benefits 38.9%	\$38,757			\$38,757	
<b>SUBTOTAL:</b>	<b>\$155,577</b>			<b>\$155,577</b>	
<b>Services &amp; Supplies</b>					
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					
<b>Subtotal</b>	<b>\$136,784</b>	<b>\$24,583</b>	<b>\$112,201</b>		
<b>Cost Plan or Adjustments Costs</b>					
25 Equipment Usage Allowance @ 6.67					
26 of Capital Expenditures					
<b>Subtotal</b>					
<b>Total Costs</b>	<b>\$292,361</b>	<b>\$24,583</b>	<b>\$112,201</b>	<b>\$155,577</b>	
<b>Indirect Cost Rate</b>			<table border="1"> <tr> <td align="center">72.12%</td> </tr> </table>		72.12%
72.12%					
			Salaries & Benefits		







SymPro, Inc.

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

✓#  
331638

RECEIVED  
CITY OF STOCKTON

SEP 11 9 17 AM '95

INVOICE

INVOICE DATE 09/01/95  
INVOICE NO 012468  
CUSTOMER NO STOCKT

SOLO 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

CITY OF OAKLAND		CUSTOMER ORDER NO		SHIP VIA		TERMS		SALESPERSON		DATE ORDERED	
OAKLAND						NET 20		LEE		09/01/95	
ITEM NO SERIAL NO	UNIT	QUANTITY	UNIT PRICE	EXTENDED PRICE							
DB MAINT db:Portfolio Fixed Income Annual Maintenance & Support	EACH	1.00	900.000	900.00							
DB MAINT db:Portfolio Extended Investment Annual Maintenance/Support	EACH	1.00	400.000	400.00							
DB MAINT db:Portfolio Multi-User Annual Maintenance/Support	EACH	1.00	400.000	400.00							
DB MAINT db:Portfolio Additional Investment Type Annual Maintenance & Support	EACH	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	195.000	195.00							
				Sales Total			1995.00				
				Trade Discount			0.00				
				Freight			0.00				
				Misc. Charges			0.00				
				Tax Total			154.61				

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

<b>CLAIM FOR PAYMENT</b> Pursuant to Government Code Section 17561 <b>INVESTMENT REPORTS</b>	<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**

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) -	

City State Zip Code  
 CA

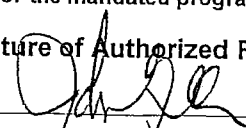
Type of Claim	Estimated Claim	Reimbursement Claim	(27)
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(28)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(29)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(30)
Fiscal Year Of Cost	(06) 1997/98	(12) 1996/97	(31)
Total Claimed	(07) \$10,000	(13) \$16,462	(32)
Less: 10% Late Penalty, but not to exceed \$1000		(14)	(33)
Less: Estimated Claim Payment		(15)	(34)
Net Claimed Amount		(16)	(35)
Due from State	(08) \$10,000	(17) \$16,462	(36)
Due to State		(18) \$16,462	(37)
			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  _____ JOHN BEER Type or Print Name	Date <b>MAY 20, 1998</b> _____ ASSISTANT FINANCE DIRECTOR Title
(39) Name of Contact Person for Claim <b>DAVID WELLHOUSE (DWA)</b>	Telephone Number <b>(916) 368-9244</b>

**MANDATED COSTS  
INVESTMENT REPORTS  
CLAIM SUMMARY**

**FORM  
INR-1**

(01) Claimant

**CITY OF STOCKTON**

(02) Type of Claim

Reimbursement

Estimated

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
<b>Indirect Costs</b>						
(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
<b>Cost Reduction</b>						
(09) Less: Offsetting Savings, if applicable						
(10) Less: Other Reimbursements, if applicable						
(11) Total Claimed Amount	[Line (08) - {Line (09) + Line (10)}]					\$16,462



**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	(b) 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  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	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.									
<b>SymPro Software</b>						\$537.39			
Support and maintenance costs for software used exclusively for the preparation of the required report									
<b>TRACS</b>						\$3,540.00			
Connect fees for information necessary to prepare the required Investment Report.									

(05) Total  Subtotal  Page: of \$4,716.90 \$1,801.86 \$4,077.39 \$6,519

**David Wellhouse & Associates, Inc.  
Indirect Cost Rate Proposal**

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

DESCRIPTION OF COSTS (A)	Total Costs	(B) Excludable Unallowable Costs	(C) Allowable Indirect Costs	(D) Allowable Direct Costs	
<b>Labor Costs</b>					
Salaries & Wages	\$93,308			\$93,308	
Part-time Wages & Overtime	\$8,738			\$8,738	
Benefits 38.2%	\$35,604			\$35,604	
<b>SUBTOTAL:</b>	<b>\$137,650</b>			<b>\$137,650</b>	
<b>Services &amp; Supplies</b>					
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					
<b>Subtotal</b>	<b>\$142,011</b>	<b>\$48,966</b>	<b>\$93,045</b>		
<b>Cost Plan or Adjustments Costs</b>					
25 Equipment Usage Allowance @ 6.67					
26 of Capital Expenditures					
<b>Subtotal</b>					
<b>Total Costs</b>	<b>\$279,661</b>	<b>\$48,966</b>	<b>\$93,045</b>	<b>\$137,650</b>	
<b>Indirect Cost Rate</b>			<table border="1"> <tr> <td align="center">67.60%</td> </tr> </table>		67.60%
67.60%					
			Salaries & Benefits		





**SymPro, Inc.**  
 5532 Claremont Ave.  
 Oakland, CA 94618  
 (510) 485-0900

✓#  
 331638

RECEIVED  
 CITY OF STOCKTON

**INVOICE**  
 INVOICE DATE: 09/01/95  
 INVOICE NO: 012469  
 CUSTOMER NO: STOCK1

SEP 11 9 17 AM '95

SOLO 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

DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	TAX	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*  
~~179.13~~

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			

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]* 6/19/98

**TOTAL** \$1,770.00



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

✓ # 338864

RECEIVED

EC 29 1995

FINANCE DIRECTOR

Invoice

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.B.	PROJECT
	Net 30		01/01/96			

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

098-0500-510-205  
 1995

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

<b>TOTAL</b>	1,770.00
--------------	----------



DWA

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

(01) Claimant Identification Number:	Reimbursement Claim Data	
<b>9839900</b> <b>CITY FINANCE OFFICER</b> <b>CITY OF STOCKTON</b> <b>425 NORTH EL DORADO STREET</b> <b>STOCKTON, CA 95202</b>	(22) INR-1, (03)	<b>4</b>
	(23) INR-1, (04)(1)(f)	<b>941</b>
	(24) INR-1, (04)(2)(f)	<b>15,620</b>
	(25) INR-1, (06)	<b>49</b>
	(26)	

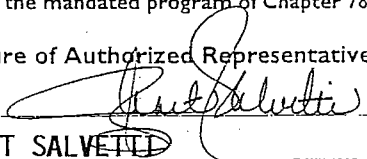
City	State	Zip Code	(26)
	CA		
Type of Claim	Estimated Claim	Reimbursement Claim	(27)
(03)	Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(28)
(04)	Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(29)
(05)	Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(30)
Fiscal Year Of Cost	(06) 1999/00	(12) 1998/99	(31)
Total Claimed	(07) \$15,000	(13) \$21,867	(32)
Less: 10% Late Penalty, but not to exceed \$1000	(14)	(33)	
Less: Estimated Claim Payment	(15)	\$4,611	(34)
Net Claimed Amount	(16)	\$17,256	(35)
Due from State	(08) \$15,000	(17) \$17,256	(36)
Due to State	(18)	(37)	<b>16,614</b>

**(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
	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

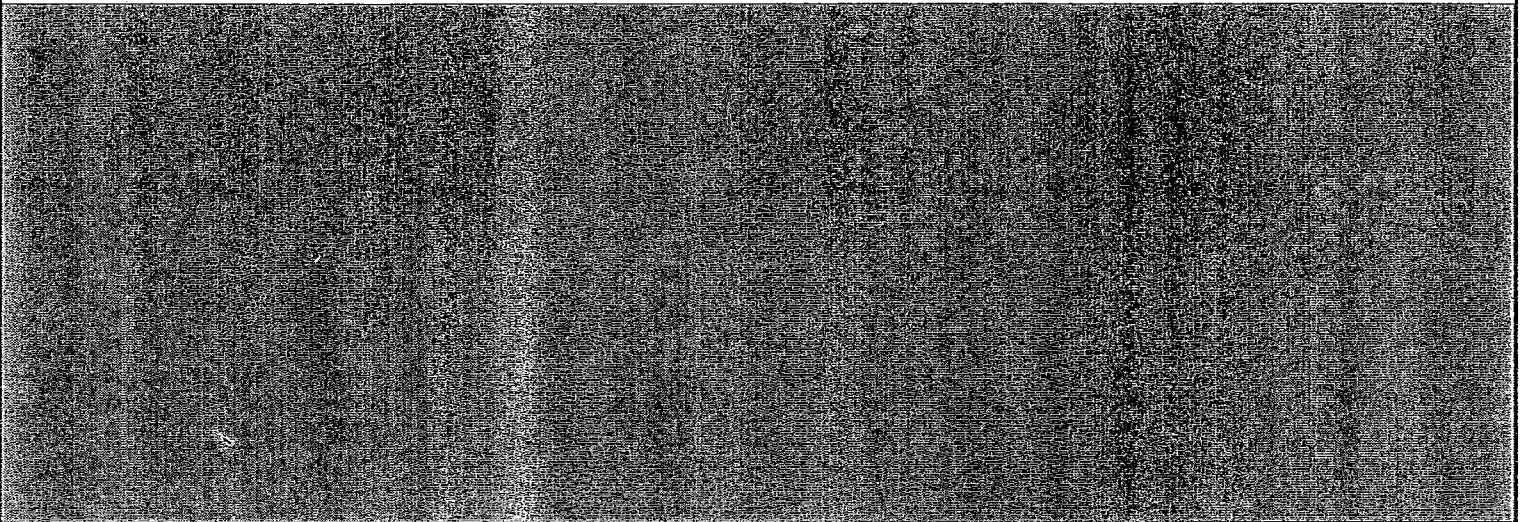
**MANDATED COSTS  
INVESTMENT REPORTS  
CLAIM SUMMARY**

**FORM  
INR-1**

(01) Claimant  <b>CITY OF STOCKTON</b>	(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
<b>(05) Total Direct Costs</b>	<b>\$7,460</b>	<b>\$3,409</b>	<b>\$5,691</b>			<b>\$16,561</b>

**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
<b>(08) Total Direct and Indirect Costs:</b>	[{Line (05)(f) + line (07)}]		<b>\$21,867</b>

**Cost Reduction**

(09) Less: Offsetting Savings, if applicable	
(10) Less: Other Reimbursements, if applicable	
<b>(11) Total Claimed Amount</b>	<b>\$21,867</b>

[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: **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%	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	(b) 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.									
<b>SymPro Software</b>						\$4,687			
Support and maintenance costs for software used exclusively for the preparation of the required report									
<b>Interactive Data Corporation</b>						\$1,004			
Investment information through modem access in order to receive required data for required Investment Report									
<b>(05) Total</b>				\$6,814.69	\$3,114.31	\$5,691			\$9,929
<input type="checkbox"/> Subtotal									

Page: of

**David Wellhouse & Associates, Inc.**  
**Indirect Cost Rate Proposal**

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

<b>DESCRIPTION OF COSTS (A)</b>	<b>Total Costs</b>	<b>(B) Excludable Unallowable Costs</b>	<b>(C) Allowable Indirect Costs</b>	<b>(D) Allowable Direct Costs</b>	
<b>Labor Costs</b>					
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	
<b>SUBTOTAL:</b>	<b>\$587,427</b>		<b>\$35,903</b>	<b>\$551,524</b>	
<b>Services &amp; Supplies</b>					
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					
<b>Subtotal</b>	<b>\$233,284</b>		<b>\$233,284</b>		
<b>Cost Plan or Adjustments Costs</b>					
25 Equipment Usage Allowance @ 6.67					
26 of Capital Expenditures					
<b>Subtotal</b>					
<b>Total Costs</b>	<b>\$820,711</b>		<b>\$269,187</b>	<b>\$551,524</b>	
<b>Indirect Cost Rate</b>			<table border="1"> <tr> <td align="center">48.81%</td> </tr> </table>		48.81%
48.81%					
			Salaries & Benefits		

**David Wellhouse & Associates, Inc.**  
**Departmental Indirect Costs**

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

**INDIRECT SALARIES**

<i>Position or Employee Name</i>	<i>Annual Wages</i>	<i>Departmental Administration</i>		<i>Departmental Support</i>
Finance Director	\$98,592	25.0%	\$24,648	

<b>Totals</b>	<b>\$98,592</b>	<b>\$24,648</b>		
---------------	-----------------	-----------------	--	--

**TOTAL INDIRECT SALARIES**

**\$24,648**

ACCOUNTING 76907 .00 0 908471 770197.61 85 86844.04 908471 51429.35 94

D 03 010 1330

09/24/1998, 14139/25  
08257L  
STOXTON

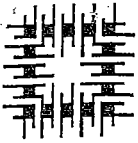
DETAIL BUDGET REPORT  
100% OF YEAR LAPSED  
AS OF 06/30/1998

PAGE 34  
ACCOUNTING PERIOD 14/1998

GENERAL FUND		DEPT/OIV 1330 FINANCE/TREASURY									
ACCOUNT	DESCRIPTION	BUDGET	ACTUAL	XEXP	BUDGET	ACTUAL	XEXP	ENCUMBR.	ANNUAL BUDGET	UNENCUMBR. BALANCE	X EDGT
CURR OP EXP-GEN GOVT											
EMPLOYEE SERVICES											
BALANCES REGULAR	27915	.00	0	0	334881	337173.09	101	.00	334881	2292.09-	101
BALANCES-PART TIME/TEMP	3477	.00	0	0	41724	80555.61	193	.00	41724	38831.61-	193
REGULAR OVERTIME	1277	.00	0	0	15203	8650.17	57	.00	15203	8552.83	57
VACATION BELL BACK	0	.00	0	0	0	800.98	0	.00	0	800.98-	0
EMPLOYEE SEPARATION PAY	0	.00	0	0	0	2171.99	0	.00	0	2171.99-	0
ADDITIONAL PAY	538	.00	0	0	6357	4110.74	65	.00	6357	2246.26	65
RETIREMENT	4974	.00	0	0	59644	57627.39	97	.00	59644	2016.61	97
DEFERRED COMPENSATION	1079	.00	0	0	12871	12908.50	100	.00	12871	37.50-	100
MEDICARE	425	.00	0	0	4979	4583.51	92	.00	4979	415.48	92
HEALTH/DENTAL/VISION	4962	.00	0	0	59500	63665.23	107	.00	59500	4165.23-	107
L/Y DISABILITY INSURANCE	382	.00	0	0	4573	4662.98	102	.00	4573	89.88-	102
LIFE INSURANCE	148	.00	0	0	1743	1733.34	98	.00	1743	9.86	98
WORKER'S COMPENSATION	828	.00	0	0	9903	7858.99	79	.00	9903	2046.01	79
UNEMPLOYMENT INSURANCE	46	.00	0	0	453	533.19	118	.00	453	80.19-	118
FLAT RATE MILEAGE ALLOW	44	.00	0	0	418	414.00	99	.00	418	4.00	99
WORKERS' COMP ALLOCATION	0	.00	0	0	0	.00	0	.00	0	.00	0
EMPLOYEE SERVICES	46095	.00	0	0	552249	587427.71	106	.00	552249	35178.71-	106
OTHER SERVICES											
TELEPHONE	495	.00	0	0	5874	6226.25	106	.00	5874	352.25-	106
PROF AND SPEC SERV	0	.00	0	0	0	.00	0	.00	0	.00	0
MAINT. & REPAIR SERVICES	156	.00	0	0	1850	2256.66	122	.00	1850	406.86-	122
OUTSIDE PRINTING COSTS	0	.00	0	0	0	.00	0	.00	0	.00	0
MEDIA-STORAGE/CONVERSION	6887	.00	0	0	41930	37172.42	89	2431.65	41930	2325.93	89
DUPLICATION/COPY COSTS	1381	.00	0	0	16616	12747.75	77	1616.25	16616	2252.30	77
INSURANCE PREMIUMS	245	.00	0	0	2846	2818.51	97	.00	2846	77.49	97
OFFICE EQUIPMENT RENTAL	517	.00	0	0	4960	4959.96	100	.00	4960	.04	100
COMPUTER EQUIPMENT RENTAL	4630	.00	0	0	30987	30987.00	100	.00	30987	.00	100
POOL VEHICLE RENTAL	0	.00	0	0	0	87.50	0	.00	0	87.50-	0
PRINTING & MAPPING	2764	.00	0	0	33102	8474.46	26	581.03	33102	2402.51	27
POSTAGE/MAILING SERVICES	3916	.00	0	0	49318	37560.38	76	2545.77	49318	9211.85	81
SPECIAL REPORTS	125	.00	0	0	1500	15.00	1	.00	1500	1485.00	1
PROCESSING FEES	0	.00	0	0	0	.00	0	.00	0	.00	0
COMPUTER/PROGRAMMING SVCS	1074	.00	0	0	8400	.00	0	400.00	8400	8000.00	5
PROF & SPECIAL SERVICES	13189	.00	0	0	13189	13939.38	108	.00	13189	750.36-	108
OTHER SERVICES	2167	.00	0	0	25849	32336.17	125	1480.75	25849	7847.92-	130
OTHER SERVICES	37446	.00	0	0	236571	189581.44	80	9045.45	236571	37944.11	84
MATERIALS AND SUPPLIES											
MATERIALS AND SUPPLIES	3892	.00	0	0	46737	38326.52	82	10288.58	46737	1880.10-	104
COMPUTER SOFTWARE	125	.00	0	0	1500	100.00	1	1500.00	1500	100.00-	107
SUBSCRIPTIONS-PERIODICALS	58	.00	0	0	885	85.00	12	.00	885	600.00	12
MATERIALS AND SUPPLIES	4075	.00	0	0	48922	38513.52	79	11788.58	48922	1360.10-	103
OTHER EXPENSES											
TRAINING	461	.00	0	0	5455	4510.66	83	.00	5455	844.34	83
MEETINGS & TRAVEL	110	.00	0	0	1285	177.00	14	.00	1285	1068.00	14







SymPro, Inc.

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

# INVOICE

INVOICE DATE 02/23/03  
INVOICE NO.  
SHIP DATE 02/21/03  
CUSTOMER NO. STOCK  
SALES PERSON  
PAGE

BILLED 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

FOB 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	EACH	1.00	0.00	1.00	250.000	250.00
Cash Flow/Debt Windows Migration						
P. O. #094027						

\$ 269.38

Sales Total	250.00
Trade Discount	0.00
Freight	0.00
Misc. Charges	0.00
Tax Total	19.38
<b>TOTAL</b>	<b>269.38</b>

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
DBCF SUP 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**

**CITY OF STOCKTON**  
AUTHORIZATION FOR PAYMENT

No. 66808

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: 932-717

PAY TO

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

TIN \_\_\_\_\_

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 TRIPPLICATE 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

\_\_\_\_\_  
DEPARTMENT HEAD

MEMO

NO R/L ON FILE

ACCOUNTING

*[Handwritten initials]*

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

FORMS CONTROL NO.

462646

DATE

07/28/1998

CHECK NUMBER

462646

NOTICE OF CANCELLATION ADVISE  
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

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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

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	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 <i>WJ</i>	
*****						
* 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

FINANCE ADVISE

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

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

VOID SIX MONTHS AFTER  
DATE OF ISSUE

COPY NOT NEGOTIABLE

**Interactive Data**

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.

DATE	TIME*	UNITS**	DESCRIPTION	RATE	AMOUNT
8/05	5:41P	2	LATEST CORP/GOVT VALUATIONS	.042400	0.08
8/05	5:41P	5	TCP/WDCI PRIME SECONDS	.007488	0.04
8/06	11:38A	70	LATEST CORP/GOVT VALUATIONS	.042400	2.97
8/06	11:38A	84	TCP/WDCI PRIME SECONDS	.007488	0.63
8/07	7:02P	2	CMO VALUATIONS	1.994000	3.99
8/07	7:02P	125	HIST CORP/GOVT VALUATIONS	.057240	7.16
8/07	7:02P	152	TCP/WDCI EVENING SECONDS	.005616	0.85
8/19	11:05A	68	HIST CORP/GOVT VALUATIONS	.057240	3.89
8/19	11:05A	71	TCP/WDCI PRIME SECONDS	.007488	0.53

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

*L. Patrick Samsell*  
 DEPARTMENT HEAD

MEMO

CITY OF STOCKTON  
 FINANCE DIRECTOR

ACCOUNTING

*f*

**Interactive Data**

FINANCIAL TIMES Information

22 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	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.

DATE	TIME*	UNITS**	DESCRIPTION	RATE	AMOUNT	
8/31	0:00A	0	DATAFEED MONTHLY MINIMUM	.000000	64.10	
*****					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: 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. * * * * *						
*****						

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 EXECUTION OF A STANDARD FORM AGREEMENT FOR SERVICES. \* ALL TIMES EASTERN TIME \*\* FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

*L. Patrick Samsell*  
DEPARTMENT HEAD

MEMO

ACCOUNTING

# Interactive Data

FINANCIAL TIMES Information

22 Crosby Drive  
Bedford, MA 01730

\*\*\*\* INVOICE \*\*\*\*

PAGE 1

098-0320-510.20-66

VN 13903

000-000

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

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

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

FORMS CONTROL NO.

477733

CITY OF STOCKTON, CALIFORNIA

425 N. EL DORADO ST. 95202-1997

BANK OF AMERICA  
STOCKTON, CA

11-35  
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 H. 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.

ATE	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

DETACH THIS STUB BEFORE CASHING CHECK



13903

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

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

FORMS CONTROL NO.

473738

CITY OF STOCKTON, CALIFORNIA

425 N. EL DORADO ST. 95202-1997

BANK OF AMERICA  
STOCKTON, CA

11-25  
1270

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

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

# Interactive Data

FINANCIAL TIMES Information

22 Crosby Drive  
Bedford, MA 01730

3003  
098-0320-510 20-66  
02-0-0-0

\*\*\*\* 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	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 SECONDS	.007488	0.63
12/16	1:38P	67	HIST CORP/GOVT VALUATIONS	.057240	3.84
12/16	1:38P	68	TCP/WDCI PRIME SECONDS	.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. **					
*****					

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\* 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

13903

DETACH THIS STUB BEFORE CASHING CHECK

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  
 100 N. Dearborn Street  
 Chicago, IL 60693

by Drive  
 LMA 01730

PO-Box  
 98616  
 Chicago IL 60693

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

\*\*\*\* INVOICE \*\*\*\*

PAGE 1

RECEIVED  
 FEB 16 1999  
 FINANCE DIRECTOR

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

VN: 13903

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 \* 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: 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, 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
	00389019	070440	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.

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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\* 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: 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**  
FINANCIAL TIMES INFORMATION

**Interactive Data**

TIMES Information

Interactive  
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	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

DATE: 3/19/99 \_\_\_\_\_  
 DEPARTMENT HEAD

MEMO

ACCOUNTING

484277

DATE

CHECK NUMBER

03/25/1999

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

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

FORMS CONTROL NO.

484277

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

BANK OF AMERICA  
STOCKTON, CA

11:35  
12:10

DATE  
03/25/1999

CHECK NUMBER  
484277

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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 \* 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:

3/19/99

DEPARTMENT HEAD

MEMO

ACCOUNTING

# Interactive Data

FINANCIAL 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
*****					
				AMOUNT	NET
MONTHLY USAGE				84.24	
LOCAL TAX				0.00	
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]*

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

Please detach this section and send with payment.

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 SERVICE YOUR DATA NEEDS.

**Interactive Data**  
FINANCIAL TIMES Information



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1730

\*\*\*\* 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	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

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: 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  
 SERVICE YOUR DATA NEEDS.

**Interactive Data**  
FINANCIAL TIMES INFORMATION

FORMS CONTROL NO.

487490

DATE

05/03/1999

CHECK NUMBER

487490

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
	06098039	064964	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.

487490

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

BANK OF AMERICA  
STOCKTON, CA

11-35  
1210

DATE: 05/03/1999  
CHECK NUMBER: 487490

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 detach this section and send with payment.

PLEASE SEND REMITTANCE TO: DATE: MARCH, 1999	INVOICE NO.: 6098039
INTERACTIVE DATA CORPORATION ACCOUNT NO.: 9050	INVOICE AMT.: 84.24
P.O. BOX 98616	
CHICAGO, IL 60693	

THANK YOU FOR LETTING INTERACTIVE DATA  
SERVICE YOUR DATA NEEDS.

Interactive Data  
INTERACTIVE DATA CORPORATION

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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	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: 900-992*  
*009-0320-510,20-66.*  
*VN 13903*

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

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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

THANK YOU FOR LETTING INTERACTIVE DATA  
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**Interactive Data**  
INTERACTIVE DATA CORPORATION

**active Data**

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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	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
BALANCE				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. *				
*****				

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\* 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: APRIL, 1999 INVOICE NO.: 6192049  
INTERACTIVE DATA CORPORATION ACCOUNT NO.: 9U50 INVOICE AMT.: 84.24  
P.O. BOX 98616  
CHICAGO, IL 60693

THANK YOU FOR LETTING INTERACTIVE DATA SERVICE YOUR DATA NEEDS.

**Interactive Data**  
A XEROX COMPANY

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

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

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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VN 13903

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\* ALL TIMES EASTERN TIME

\*\* FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

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

DATE: APRIL, 1999  
ACCOUNT NO.: 9U50

INVOICE NO.: 6192049  
INVOICE AMT.: 84.24

THANK YOU FOR LETTING INTERACTIVE DATA  
SERVICE YOUR DATA NEEDS.

Interactive Data  
FINANCIAL TIMES INFORMATION

**Interactive Data**  
TIMES Information

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.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	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	NET
MONTHLY USAGE				84.24	
LOCAL TAX				0.00	
STATE TAX				0.00	
FEDERAL TAX				0.00	
TOTAL TAX				0.00	
BALANCE					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. *					
*****					
<p><i>Monthly electronic investment pricing May 99</i></p> <p><i>13903 999.999 - 098-0320-313.22 66</i></p>					

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DATE: 7-12-99

DEPARTMENT HEAD

MEMO

ACCOUNTING

495578

DATE

07/29/1999

CHECK NUMBER

495578

MEMORANDUM 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 pricing May 99*

*13903*

*999-999-098-0320-510.2066*

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\* ALL TIMES EASTERN TIME

\*\* FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

DATE: 7-29-99

*[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: 7-30-99

\_\_\_\_\_  
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  
 098-0320-510-20-66  
 999-999

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\* ALL TIMES EASTERN TIME

\*\* FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

DATE: 7-22-99

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

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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 COOPERATION P O BOX 98616 CHICAGO IL 60693-0000

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098-0320-510-20-6p  
999-999

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DATE: 7-22-99

DEPARTMENT HEAD

MEMO

ACCOUNTING