

LOS RIOS

COMMUNITY
COLLEGE
DISTRICT



October 16, 2014

Heidi Palchik
Program Analyst
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814

RECEIVED
October 17, 2014
Commission on
State Mandates

American River College
Cosumnes River College
Folsom Lake College
Sacramento City College

1919 Spanos Court
Sacramento, CA 95825
Phone: 916 568-3021
Fax: 916 568-3023
www.losrios.edu

Re: *Substitution of Claimant Representative and Claimant Contact for Incorrect Reduction Claims*

05-4485-I-03 Mandate Reimbursement Process 99-0 00-1

05-4206-I-06 Health Fee Elimination 97-8 thru 01-2

08-4206-I-18 Health Fee Elimination 02-3, 03-4, 04-5

08-4425-I-16 Collective Bargaining 01-2 02-3 03-4

Dear Ms. Palchik:

This letter confirms that Mr. Keith Petersen no longer serves as the claimant representative, and Mr. Jon Sharpe no longer serves as the claimant contact for the Los Rios Community College District ("Los Rios") on the above referenced incorrect reduction claims ("IRCs").

Los Rios hereby requests that Sigrid Asmundson be replaced as the claimant representative for the IRCs. Ms. Asmundson's contact information is as follows:

Sigrid Asmundson
Best Best & Krieger LLP
500 Capitol Mall, Suite 1700
Sacramento, CA 95814
Phone: (916) 551-2853
Fax: (916) 325-4010
Email: Sigrid.Asmundson@bbklaw.com

Additionally, please copy Carrie Bray on all future correspondence on the IRCs as an additional claimant contact. Ms. Bray's contact information is as follows:

Carrie Bray
Director, Accounting Services
Los Rios Community College District
1919 Spanos Court
Sacramento, CA 95825

Phone: (916) 568-3069
Fax: (916) 568-3078
Email: brayc@losrios.edu

If you have any questions please contact either Sigrid Asmundson or Carrie Bray.

Sincerely,

A handwritten signature in cursive script that reads "Theresa Matista". The signature is written in black ink and is positioned above the printed name and title.

Theresa Matista
Vice Chancellor, Finance and Administration

DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

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

On October 23, 2014, I served the:

Notice of Claimant Representative

Mandate Reimbursement Process, 05-4485-I-03

Health Fee Elimination, 05-4206-I-06

Health Fee Elimination, 0-4206-I-18

Collective Bargaining and Collective Bargaining Agreement Disclosure, 08-4425-I-16

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

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on October 23, 2014 at Sacramento, California.



Heidi J. Palchik
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
(916) 323-3562

COMMISSION ON STATE MANDATES

Mailing List

Last Updated: 10/21/14

Claim Number: 05-4206-I-06

Matter: Health Fee Elimination

Claimant: Los Rios Community College District

TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:

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

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