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COUNTY OF SANTA CLARA

STATE OF CALIFORNIA
COMMISSION ON STATE MANDATES

In Re:)	No.
)	
STATE CONTROLLER'S OFFICE)	INCORRECT REDUCTION CLAIM
AUDIT REPORT ON SANTA)	BY SANTA CLARA COUNTY
CLARA COUNTY ABSENTEE)	
BALLOTS PROGRAM)	
_____)	

On June 30, 2005, the State Controller's Office (hereinafter "SCO") issued its final audit report on the County of Santa Clara's (hereinafter "County's") claims for costs incurred based on the legislatively created Absentee Ballots Program (Test Claim Nos. 02-3713-I-01, Chapter 77, Statutes of 1978; later amended by Chapter 920, Statutes of 1994, and 02-TC-02, Chapter 1032, Statutes of 2002) for July 1, 2000, through June 30, 2003. A true and correct copy of the SCO's final audit report is attached hereto as Exhibit A and is incorporated herein by reference. The SCO incorrectly reduced the County's claim of \$2,398,489 by \$19,284, thus allowing only \$2,379,205. The County requests the Commission on State Mandates to reverse the audit findings and to award the County the correct claim amount of \$2,398,489.

FACTS

The County Registrar of Voters (ROV) Department provides voting materials to voters who are eligible to vote for a particular election, but who are unable to get to the polls on Election Day. Those voters who wish to vote absentee would complete and send in an "Absentee Voter Ballot Application" form. Between thirty and seven days before Election Day, ROV processes the application and mails an absentee packet to the voter consisting of the following: official ballot, voting instructions and return envelope. The voter, after completing the ballot, seals it in the return envelope, signs the envelope and mail or drop off the ballot at ROV or at the polling place on Election Day. Seven days before Election Day, ROV employees start opening the returned (voted) ballots, check the signatures and tally the ballots. Ballots received at the polling places on Election Day are processed and tallied in the days after the election. These activities are mandated by Chapter 77, Statutes of 1978; later amended by Chapter 920, Statutes of 1994, and 02-TC-02, Chapter 1032, Statutes of 2002.

The County has approximately 800,000 registered voters countywide. In the November 2004 Presidential Election, 610,000 of these voters actually participated in the election. And of the 610,000 voters who participated, 232,000 voters (38%) opted to vote by absentee ballot.

This program was found to be a state-mandated reimbursable program by the Board of Control, predecessor to this Commission, on June 17, 1981. A true and correct copy of the Statement of Decision is attached hereto as Exhibit B and is incorporated herein by reference. Thereafter, Parameters and Guidelines were issued

on August 12, 1982, and were most recently amended on February 27, 2003, a true and correct copy of which is attached hereto as Exhibit C and is incorporated herein by reference. Claiming Instructions were duly issued by the SCO, a true and correct copy of which is attached hereto as Exhibit D and is incorporated herein by reference.

Based upon the foregoing program, Parameters and Guidelines, and Claiming Instructions, the County timely submitted its claims for fiscal years 2000-01, 2001-02, and 2002-03, which are the subject of this claim. True and correct copies of these reimbursement claims are attached hereto as Exhibits E, F, and G, respectively and are incorporated herein by reference.

According to the Parameters and Guidelines and Claiming Instructions, the methodologies for calculating the reimbursable components of this mandate include:

A. Elections Done by the County Election Official and Billed to the Local Agency.

Methods 1, 2 and 3, below, are intended for use where a local agency election is done by the county election official and billed to the local agency. When county election officials provide election services to other local agencies, the costs of those billed services pursuant to the Uniform District Election Law (Elections Code section 10500 et seq.) shall not be included in the county's reimbursement claim.

Method 1

This method applies when the county election official does all calculations and provides a billing that distinguishes the reimbursable amount and the non-reimbursable amount billed. If the county election official determines the claimant's pro rata share of reimbursable costs and reports the pro rata share of these costs in a separate bill or as a line item on a bill, the claimant may claim the amount paid to the county for the reimbursable costs.

Method 2

This method assumes that the percentage increase in absentee ballots is uniform throughout the county, and uses the

countywide figures to determine the percentage of reimbursable costs.

1. Obtain data from county election official on the number of reimbursable absentee ballots (n), the number of absentee ballots cast (z) for the fiscal year, and the amount billed to the local agency by the county for total absentee ballot costs.
2. Calculate the Reimbursable Cost Percentage

$$n/z \times 100 = \text{Reimbursable Cost Percentage (p)}$$

3. Calculate the Reimbursable Costs

$$p/100 \times \text{amt billed by county} = \text{Amt of Reimbursable Costs}$$

Method 3

This method is more complex, and requires the local agency to have data on numbers of ballots and absentee ballots filed in the local agency area. It requires the collection of more data, which may or may not be readily available.

1. Base Year Calculation (remains the same for all fiscal years claimed)

w) Number of ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (w)

x) Number of absentee ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (x)

2. Calculation for Fiscal Year Claimed (compute for each fiscal year claimed)

y) Number of ballots cast in the district or local agency area in fiscal year claimed (y)

z) Number of absentee ballots cast in the district or local agency area in fiscal year claimed (z)

3. Formula for Calculating Number of Reimbursable Absentee Ballots Filed

$$z - (x \times y)/w = \text{Number of reimbursable absentee ballots (n)}$$

4. Calculation of Reimbursable Cost Percentage

$$n/z \times 100 = \text{Reimbursable Cost Percentage (p)}$$

5. Calculation of Reimbursable Costs

$$p/100 \times \text{amount billed by county} = \text{Amount of Reimbursable Costs}$$

B. Local Agencies or School Districts that Administer their Own Elections

Method 4, below, is intended for use where local agencies and school districts do their own elections and thus have the information on both numbers of ballots and absentee ballots, as well as the per-ballot cost information needed for item 4.

Method 4

1. Base Year Calculation (remains the same for all fiscal years claimed)

w) Number of ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (w)

x) Number of absentee ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (x)

2. Calculation for Fiscal Year Claimed (compute for each claim)

y) Number of ballots cast in the district or local agency area in fiscal year claimed (y)

z) Number of absentee ballots cast in the district or local agency area in fiscal year claimed (z)

3. Formula for Calculating Number of Reimbursable Absentee Ballots Filed

$$z - (x \times y)/w = \text{Number of reimbursable absentee ballots (n)}$$

4. Calculation of Cost Per Absentee Ballot Filing (See section V. Claim Preparation and Submission)

a. Material	\$ _____
b. Postage	\$ _____
c. Labor	\$ _____
d. Overhead	\$ _____
e. Cost per Absentee Ballot	\$ _____
(a+b+c+d)	

5. Computation of Reimbursement

A. Number of reimbursable filings (Item 3)(n)	_____
B. Cost per Absentee Ballot filing (Item 4)(e)	\$ _____
Total Reimbursement (A × B)	\$ _____

Based on the foregoing, the County calculated its costs pursuant to Method Four. The County timely filed its reimbursement claims, as stated hereinabove.

On March 30, 2005, the SCO issued a draft audit report regarding the County's Absentee Ballots Program. The Finding of the audit report states that the County's productive hourly rate had been calculated improperly.

On May 3, 2005, the County drafted its response to the draft audit report, taking exception to the characterization that the productive hourly rate was calculated improperly. A true and correct copy is attached hereto as Exhibit H and is incorporated herein by reference.

The SCO issued its final audit report on June 30, 2005, with no change in the Finding regarding calculating of the productive hourly rate. The County filed this timely incorrect reduction claim.¹

ANALYSIS AND DISCUSSION

A. AUDIT FINDING NUMBER ONE REGARDING COUNTY'S PRODUCTIVE HOURLY RATE CALCULATION IS INCORRECT.

The Audit Finding states that the County over-claimed salaries, benefits and related indirect costs in the amount of \$19,284. This finding was based upon the County's computation of its productive hourly rates. The County's computation was consistent with the SCO's Mandated Cost Manual. Therefore, the County requests that this Commission reverse the Audit Finding to allow for the fully recovery of costs incurred for this state-mandated program for the reasons discussed below.

¹ Pursuant to Code of Civil Procedure section 338, claimants have 3 years within which to file an incorrect reduction claim.

1. **The County's Productive Hourly Rate Computation Complies With The SCO-Issued General Claiming Instructions.**

The computation of an annual productive hourly rate used by the County removes non-productive time spent on authorized breaks, training, and staff meetings. The resulting total countywide annual productive hours of 1571 is the basis for the annual productive hourly rate used in the County's claiming process.

The Mandated Cost Manual for Local Agencies addresses the productive hourly rate computation. Section 2, General Claiming Instructions, Subsection 7. Direct Labor Costs, Subdivision A. Direct Labor - Determine a Productive Hourly Rate states, in pertinent part:

A productive hourly rate may be computed for each job title whose labor is directly related to the claimed reimbursable cost. A local agency has the option of using any of the following:

- Actual annual productive hours for each job title,
- The local agency's average annual productive hours or, for simplicity,
- An annual average of 1,800* hours to compute the productive hourly rate.

* * *

* 1,800 annual productive hours include:

- Paid holidays
- Vacation earned
- Sick leave taken
- Informal time off
- Jury duty
- Military leave taken²

The SCO's final audit report fails to acknowledge that the Manual allows the productive hourly rate to be calculated in one of three ways — the use of 1800 hours is not the only approved approach. Indeed, the Manual clearly states that use of

² This language is from the revised 9/01 version of the General Claiming Instructions.

countywide average annual productive hours is also an approved method. The County calculated such average annual productive hours fully complying with the Claiming Instructions as issued. The County cannot and should not be penalized for availing itself of an approved methodology.

To date, the SCO has not been able to cite any authority for why the County's approach for calculating its productive hourly rate is improper.

2. **The County's Computation Results in a More Accurate and Consistent Productive Hourly Rate.**

The County submits, on average, 25 to 30 claims annually. As these claims are prepared by up to 20 different staff members, the process could easily fall victim to inconsistency in approaches, accuracy and documentation. Recognizing this threat and wanting to create a more reliable, County-wide system for its claims, the County conducted a study to determine a verifiable and accurate method of calculating a productive hourly rate through the computation of the average productive hours for County staff. As a result, the County's methodology for computing its average productive hours improves its SB90 program claiming accuracy, consistency, documentation, and facilitates state audits because the methodology for its productive hourly rate calculation has been fully documented and supported.

In establishing its average annual productive hours, the County carefully ensured that all non-productive time was removed from the total annual hours. For example, the County removed time spent in training and on breaks. This methodology ensures greater accuracy — the more accurate the computational factors are, the more

accurate the result. Indeed, in response to the SCO's final audit report, the County made further adjustments solidifying the precision of its computation.

The SCO's main complaint seems to be that the County used authorized break times and required training times rather than actual times spent on these activities. This argument lacks merit.

State law requires that workers be given two fifteen minute break periods per day and presumably the County employees take them. The presumption that these break times are taken is no different from the presumption that paid holidays, which are specifically set forth as properly included by the SCO in its Mandated Cost Manual, are also taken. Instead of making the presumption, the SCO would have the County mount a clock-in, clock-out system for breaks to ensure that the break times do not actually add up to 28 or 32 minutes daily. Such an expenditure of time and costs is unwarranted in light of the statistically invalid difference that may be found between actual break time and the time legally allotted.

The same argument applies with even greater force with regard to employee training because employees have every incentive to pursue such education to ensure their continued ability to be employed in their field.

The use of a countywide productive hourly rate is explicitly authorized by the State Controller's state mandate claiming instructions. The productive hourly rates used by the County in this claim are fully documented and were accurately calculated by the County Controller's Office. All supporting documents for the calculation of countywide productive hours were provided during the state audit.

Further, as shown in the December 27, 2001 letter from the County Controller to the SCO, the State was notified years ago that the County was electing to use the SCO-approved productive hourly rate methodology in its state mandated claiming procedures. A true and correct copy of this letter is attached hereto as Exhibit I and is incorporated herein by reference. The County reported that the switch to a countywide methodology for the calculating an average productive hour rate per position would improve state mandate claiming accuracy, consistency, documentation and facilitate the State audit function. Consequently, more than 50 claims were submitted and accepted during 2002 and 2003 using this methodology. Furthermore, the State Controller has accepted the County's use of countywide productive hours for state mandated claims as evidenced by an e-mail from Jim Spano dated February 6, 2004, a true and correct copy of which is attached hereto as Exhibit J and is incorporated herein by reference.

CONCLUSION

The County has adequately documented that its productive hourly rate of 1571 is a precise and reliable figure. For the County to now be forced to utilize the standard 1800 hours results in substantial under-funding to the County — first, the County's actual direct costs are not fully paid, and second, the County's indirect costs will be substantially understated.

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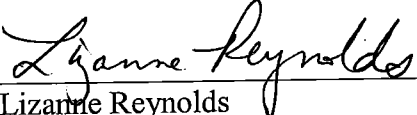
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In light of the arguments presented above, the County requests this Commission to reverse the audit findings and to award the County the correct claim amount of \$2,398,489.

Dated: July 18, 2007

Respectfully submitted,

ANN MILLER RAVEL
County Counsel


Lizanne Reynolds
Deputy County Counsel

Attorneys for COUNTY OF SANTA
CLARA

EXHIBIT A

SANTA CLARA COUNTY

Audit Report

ABSENTEE BALLOTS PROGRAM

**Chapter 77, Statutes of 1978; Chapter 920,
Statutes of 1994; and Chapter 1032, Statutes of 2002**

July 1, 2000, through June 30, 2003



STEVE WESTLY
California State Controller

June 2005



STEVE WESTLY
California State Controller

June 30, 2005

John V. Guthrie
Director of Finance
Santa Clara County
County Government Center, East Wing
70 West Hedding Street, 2nd Floor
San Jose, CA 95110

Dear Mr. Guthrie:

The State Controller's Office audited the claims filed by Santa Clara County for costs of the legislatively mandated Absentee Ballots Program (Chapter 77, Statutes of 1978; Chapter 920, Statutes of 1994; and Chapter 1032, Statutes of 2002) for the period of July 1, 2000, through June 30, 2003.

The county claimed \$2,398,489 for the mandated program. Our audit disclosed that \$2,379,205 is allowable and \$19,284 is unallowable. The unallowable costs occurred primarily because the county overclaimed its salaries and benefits. The State paid the county \$673,626. The State will pay allowable costs claimed that exceed the amount paid, totaling \$1,705,579, contingent upon available appropriations.

If you disagree with the audit finding, you may file an Incorrect Reduction Claim (IRC) with the Commission on State Mandates (COSM). The IRC must be filed within three years following the date that we notify you of a claim reduction. You may obtain IRC information at COSM's Web site at www.csm.ca.gov (Guidebook link), and obtain IRC forms by telephone at (916) 323-3562 or by e-mail at csminfo@csm.ca.gov.

If you have any questions, please contact Jim L. Spano, Chief, Compliance Audits Bureau, at (916) 323-5849.

Sincerely,

A handwritten signature in cursive script that reads "Vincent P. Brown".

VINCENT P. BROWN
Chief Operating Officer

VPB:JVB/ams

cc: (See page 2)

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Audit Report

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Audit Report

Summary

The State Controller's Office (SCO) audited the claims filed by Santa Clara County for costs of the legislatively mandated Absentee Ballots Program (Chapter 77, Statutes of 1978; Chapter 920, Statutes of 1994; and Chapter 1032, Statutes of 2002) for the period of July 1, 2000, through June 30, 2003. The last day of fieldwork was August 2, 2004.

The county claimed \$2,398,489 for the mandated program. The audit disclosed that \$2,379,205 is allowable and \$19,284 is unallowable. The unallowable costs occurred primarily because the county overclaimed its salaries and benefits. The State paid the county \$673,626. The State will pay allowable costs claimed that exceed the amount paid, totaling \$1,705,579, contingent upon available appropriations.

Background

Election Code Section 3003 (added by Chapter 77, Statutes of 1978, and amended by Chapter 920, Statutes of 1994) requires absentee ballots to be available to any registered voter without conditions. Prior law required that absentee ballots be provided only when the voter met one of the following conditions: illness; absence from precinct on election day; physical handicap; conflicting religious commitments; or residence more than ten miles from the polling place.

Election Code Section 3024 (added by Chapter 1032, Statutes of 2002, effective September 28, 2002) prohibits local agencies from fully or partially prorating their costs to school districts. Therefore, the law excludes school districts, county boards of education, and community college districts from claiming costs under the mandated Absentee Ballots Program when they do not administer their own elections. However, school districts that administer their own elections are eligible claimants on or after September 28, 2002.

On June 17, 1981, the Board of Control (now the Commission on State Mandates [COSM]) determined that Chapter 77, Statutes of 1978; Chapter 920, Statutes of 1994; and Chapter 1032, Statutes of 2002; imposed a state mandate reimbursable under *Government Code* Section 17561.

Parameters and Guidelines establishes the state mandate and defines reimbursement criteria. COSM adopted *Parameters and Guidelines* on August 12, 1982, and last amended it on February 27, 2003. In compliance with *Government Code* Section 17558, the SCO issues claiming instructions for mandated programs, to assist local agencies and school districts in claiming reimbursable costs.

**Objective,
Scope, and
Methodology**

We conducted the audit to determine whether costs claimed represent increased costs resulting from the Absentee Ballots Program for the period of July 1, 2000, through June 30, 2003.

Our audit scope included, but was not limited to, determining whether costs claimed were supported by appropriate source documents, not funded by another source, and not unreasonable and/or excessive.

We conducted the audit according to *Government Auditing Standards*, issued by the Comptroller General of the United States, and under the authority of *Government Code* Section 17558.5. We did not audit the county's financial statements. We limited our audit scope to planning and performing audit procedures necessary to obtain reasonable assurance that costs claimed were allowable for reimbursement. Accordingly, we examined transactions, on a test basis, to determine whether the costs claimed were supported.

We limited our review of the county's internal controls to gaining an understanding of the transaction flow and claim preparation process as necessary to develop appropriate auditing procedures.

Conclusion

Our audit disclosed an instance of noncompliance with the requirements outlined above. This instance is described in the accompanying Summary of Program Costs (Schedule 1) and in the Finding and Recommendation section of this report.

For the audit period, Santa Clara County claimed \$2,398,489 for costs of the Absentee Ballots Program. Our audit disclosed that \$2,379,205 is allowable and \$19,284 is unallowable.

For fiscal year (FY) 2000-01, the State paid the county \$341,580. Our audit disclosed that \$751,137 is allowable. The State will pay allowable costs claimed that exceed the amount paid, totaling \$409,557, contingent upon available appropriations.

For FY 2001-02, the State paid the county \$332,046. Our audit disclosed that \$862,812 is allowable. The State will pay allowable costs claimed that exceed the amount paid, totaling \$530,766, contingent upon available appropriations.

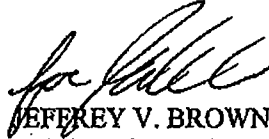
For FY 2002-03, the State made no payment to the county. Our audit disclosed that \$765,256 is allowable, which the State will pay, contingent upon available appropriations.

**Views of
Responsible
Official**

We issued a draft audit report on March 30, 2005. David G. Elledge, Auditor-Controller, responded by letter dated May 3, 2005 (Attachment), disagreeing with the audit results. This final audit report includes the county's response.

Restricted Use

This report is solely for the information and use of Santa Clara County and the SCO; it is not intended to be and should not be used by anyone other than these specified parties. This restriction is not intended to limit distribution of this report, which is a matter of public record.



JEFFREY V. BROWNFIELD
Chief, Division of Audits

Schedule 1— Summary of Program Costs July 1, 2000, through June 30, 2003

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustments
<u>July 1, 2000, through June 30, 2001</u>			
Salaries	\$ 218,112	\$ 214,546	\$ (3,566)
Benefits	31,581	30,430	(1,151)
Services and supplies	397,918	397,918	—
Subtotal	647,611	642,894	(4,717)
Indirect costs	259,314	254,408	(4,906)
Total cost of absentee ballots	906,925	897,302	\$ (9,623)
Number of absentee ballots cast	÷ 125,462	÷ 125,462	
Cost per absentee ballot cast	\$7.23	\$7.15	
Number of reimbursable absentee ballots	× 105,025	× 105,025	
Total cost of reimbursable absentee ballots	759,193	751,137	
Less reimbursements	—	—	
Amount claimed	\$ 759,193	751,137	\$ (8,056)
Less amount paid by the State		(341,580)	
Allowable costs claimed in excess of (less than) amount paid		\$ 409,557	
<u>July 1, 2001, through June 30, 2002</u>			
Salaries	\$ 139,575	\$ 137,738	\$ (1,837)
Benefits	19,533	18,948	(585)
Services and supplies	784,722	784,722	—
Subtotal	943,830	941,408	(2,422)
Indirect costs	150,421	148,131	(2,290)
Total cost of absentee ballots	1,094,251	1,089,539	\$ (4,712)
Number of absentee ballots cast	÷ 44,057	÷ 44,057	
Cost per absentee ballot cast	\$24.84	\$24.73	
Number of reimbursable absentee ballots	× 34,889	× 34,889	
Total cost of reimbursable absentee ballots	866,544	862,812	
Less reimbursements	—	—	
Amount claimed	\$ 866,544	862,812	\$ (3,732)
Less amount paid by the State		(332,046)	
Allowable costs claimed in excess of (less than) amount paid		\$ 530,766	

Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustments
<u>July 1, 2002, through June 30, 2003</u>			
Salaries	\$ 207,221	\$ 204,077	\$ (3,144)
Benefits	32,505	31,313	(1,192)
Services and supplies	424,661	424,661	—
Subtotal	664,387	660,051	(4,336)
Indirect costs	251,137	246,595	(4,542)
Total cost of absentee ballots	915,524	906,646	\$ (8,878)
Number of absentee ballots cast	÷ 98,180	+ 98,180	
Cost per absentee ballot cast	\$9.32	\$9.23	
Number of reimbursable absentee ballots	× 82,869	× 82,869	
Total cost of reimbursable absentee ballots	772,752	765,256	
Less reimbursements	—	—	
Amount claimed	\$ 772,752	765,256	\$ (7,496)
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		\$ 765,256	
<u>Summary: July 1, 2000, through June 30, 2003</u>			
Total cost of additional ballots filed	\$ 2,398,489	\$ 2,379,205	\$ (19,284)
Less reimbursements	—	—	—
Amount claimed	\$ 2,398,489	2,379,205	\$ (19,284)
Less amount paid by the State		(673,626)	
Allowable costs claimed in excess of (less than) amount paid		\$ 1,705,579	

See the Finding and Recommendation section.

Finding and Recommendation

**FINDING—
Unsupported salaries,
benefits, and related
indirect costs**

The county overstated employee salaries and benefits by \$11,475 during the audit period. The related indirect costs, based on the claimed indirect cost rate for each fiscal year, are \$11,738.

Unsupported salary and benefit costs, and the related indirect costs, are summarized as follows:

	Fiscal Year			Total
	2000-01	2001-02	2002-03	
Salaries	\$ (3,566)	\$ (1,837)	\$ (3,144)	\$ (8,547)
Benefits	(1,151)	(585)	(1,192)	(2,928)
Subtotal	(4,717)	(2,422)	(4,336)	(11,475)
Related indirect costs	(4,906)	(2,290)	(4,542)	(11,738)
Audit adjustment	\$ (9,623)	\$ (4,712)	\$ (8,878)	\$ (23,213)

The county overstated its costs because claimed productive hourly rates were overstated. The productive hourly rate consisted of two factors: annual average countywide productive hours and salary costs.

In calculating the countywide productive hours, the county included unallowable deductions for training and authorized break time. The county deducted estimated training time based on hours required by employees' bargaining unit agreements and/or continuing education requirements for licensure/certification rather than actual training hours attended. Furthermore, deducted training hours benefit specific departments' classifications rather than those of all departments. For fiscal year (FY) 2002-03, the county introduced a training code under its current automated payroll system to track employees' training hours. The county claimed that the training hours charged to this code were actual time spent by employees attending non-program-related classes. However, the county was unable to substantiate the excluded training hours with any supporting documentation. Further, it was unclear whether the training classes attended were program- or non-program-related.

For the entire audit period, the county also deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period. Therefore, the county cannot deduct training and authorized break time from productive hours.

Consequently, the productive hourly rate used in the claim did not reflect actual costs. The adjustment is based on the SCO's recalculation of the productive hourly rate.

Parameters and Guidelines allows only reimbursement of actual increased costs incurred for making absentee ballots available to any registered voter and states that all costs claimed must be traceable and supported by source documents that show the validity of such costs.

Guidance in developing the productive hourly rate is provided in the SCO's *Mandated Cost Manual for Local Agencies*. This manual states that a productive hourly rate may be computed for each job title (rather than for each individual) for which labor is directly related to claimed reimbursable costs.

Recommendation

We recommend the county develop and implement an adequate recording and reporting system to ensure that all claimed costs are properly supported and reimbursable for the mandate in question.

County's Response

The State Controller's draft audit report about the County's SB 90 program-Absentee Ballots states:

In calculating the countywide productive hours, the county included unallowable deductions for training and authorized break time. The county deducted estimated training time based on hours required by employees' bargaining unit agreements and/or continuing education requirements for licensure/certification rather than actual training hours attended. Furthermore, deducted training hours benefit specific departments' classification rather than all departments. For fiscal year (FY) 2003, the county introduced a training code under its current automated payroll system to track employees' training hours. The county claimed that the training hours charged to this code were actual time spent by employees attending non-program related classes. However, the county was unable to substantiate the excluded training hours with any supporting documentation. Further it was unclear whether the training classes attended were program-or non-program related. In addition the county deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period; therefore, the county cannot exclude those hours from productive hours.

For the entire audit period, the county also deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period. Therefore, the county cannot deduct training and authorized break time from productive hours.

Response

We note that compared to the previous audit reports, there is a welcome change now that the audit finding is not the non-allowability of the policy of countywide productive hours but is limited to the treatment and documentation for training and break time only. Thank you for accepting the countywide productive hour policy. Consequently, we will only discuss the two specific issues of documentation for training time and break.

The County implemented the countywide calculation of productive hours in FY 2000-01. Claims filed for that fiscal year were based on calculations that included training time received by employees and reported by County departments, based on collective bargaining agreements or rosters related to actual training sessions that were conducted. Break-time was similarly calculated, based on requirements

of collective bargaining agreements and State law. For all subsequent fiscal years, the County modified the automated payroll system to capture actual hours of training by individual employee for all County departments.

The county's policy for reporting training time is only related to non-program training. Departments have been advised to exclude program-related training from the pay period data reporting. We explained this to the state audit staff. We also explained that the payroll section can only maintain the total time spent and reported by each department. The analysis as to whether they were program-related or not is done in the departments. We told the state audit staff to check this issue in the departments if they wished. All data and records required for the audit were produced.

On the issue of reporting actual break-time taken by employees, our automated payroll system could accommodate such a change; but the additional time and cost of recording such information would exceed the value of the information obtained. This information can readily be determined by simple calculation. This conclusion is consistent with OMB A-87 cost allocation principles, which limit the effort expected of state and local governments to calculate indirect costs when such costs are "... not readily assignable...without effort disproportionate to the results achieved." In the case of daily break-time required by both State law and collective bargaining agreements, the recording of actual break-time twice daily by more than 15,000 employees during 250 workdays per year would not result in the determination of a materially different amount of actual time taken than could be readily calculated pursuant to the 30 minute daily standard specified by the collective bargaining agreements. The cost of doing this would be prohibitive. Because the County has directed all employees (Attachment A) to limit the daily reporting of hours worked to 7.5 hours when preparing SB 90 claims, the effect of not allowing the County to exclude one-half hour per day break-time from the productive hour calculation would be to increase the hours charged to SB 90 claims by the same one-half hour per day for all claims involving full-day charges. As stated in the case of training time earlier, the break time on days when the staff work exclusively on specific programs is not included in the break time for this purpose.

We previously clarified these issues in response to an email dated February 6, 2004 from the Audit Division of the State Controller's Office. The email stated that the State would accept the usage of a countywide productive hourly rate with certain conditions (Attachment B). That email raised the same issues raised in this audit report. For your reference the email from the Audit Division of the State Controller's Office dated February 6, 2004 is reproduced below.

Copy of email dated February 6, 2004 from Jim Spano to the County of Santa Clara

Ram,

I reviewed the county's proposal dated December 19, 2001, to use countywide Productive hours and have discussed your analysis with my staff and Division Of Accounting and reporting staff. The use of countywide productive hours Would be acceptable to the State Controller's Office provided all employee Classifications are included and productive hours are consistently used for All county programs (mandated and non-mandated).

The SCO's Mandated Cost Manual (claiming instructions), which includes Guidelines for preparing mandated cost claims, does not identify the time spent on training and authorized breaks as deductions (excludable components) from total hours when computing productive hours. However, if a county chooses to deduct time for training and authorized breaks in calculating countywide productive hours, its accounting system must separately identify the actual time associated with these two components. The accounting system must also separately identify training time directly charged to program activities. Training time directly charged to program activities may not be deducted when calculating productive hours.

The countywide productive hours used by Santa Clara County were not consistently applied to all mandates for FY 2000-01. Furthermore, countywide productive hours used during the audit periods include unallowable deductions for time spent on training and authorized breaks. The county deducted training time based on hours required by employees' bargaining unit agreement and continuing education requirements for licensure/certification rather than actual training hours taken. In addition, the county deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period, and therefore, cannot exclude those hours from productive hours.

If you would like to discuss the above further, please contact me.

Jim "Spano"

We responded to all the issues raised by Jim Spano. We use the countywide productive hours policy for non-SB90 programs, as suggested by Jim Spano in Para 1. Further, before the introduction of the countywide productive hour policy in the County of Santa Clara in our letter of December 27, 2001, we noticed (Attachment C) the State Controller that the County was electing to change its SB 90 claiming procedures for the calculation of productive hourly rates. The County reported that the switch to a countywide methodology for the calculation of average countywide productive hours per position would improve SB 90 claiming accuracy, consistency, and documentation and facilitate the State audit function. Consequently, more than 50 claims have been submitted and accepted during the past two years using this countywide methodology.

We advised state audit staff and provided a copy of the County's letter dated December 27, 2001 and explained our understanding of the SB 90 instructions pertaining to the calculation of productive hours. The State auditors were unable to provide any written State procedures, regulations or other legal authority to refute our interpretation of Section 7 of the State Controller's SB 90 Claiming Instructions for Cities, Counties and Special Districts.

We respectfully request you to reconsider your findings on the usage of countywide productive hour policy and recalculate the numbers in the report to allow all the costs in this claim.

Attachments A,B and C.

SCO's Comment

The fiscal impact of the findings reported in the draft report remains unchanged. The county may use countywide productive hours provided that all employee classifications earn benefits and the productive hours are consistently used for all county programs. Countywide productive hours should exclude employee classifications that do not earn benefits.

The countywide productive hours include unallowable deductions for time spent on training and authorized breaks.

Training Time

The county's response acknowledges that training time claimed for FY 2000-01 claims was estimated, based on collective bargaining agreements or rosters related to actual training sessions that were conducted. The county states that, beginning in FY 2001-02, the payroll system was modified to capture actual hours of training and that only non-program training was recorded. However, documentation obtained during the audit indicates that training time for FY 2001-02 was also estimated, based on collective bargaining agreements or rosters related to actual training sessions that were conducted. We concur that the county's payroll system was modified to capture actual hours of training in FY 2002-03. The accounting system does not separately identify training time directly charged to program activities. In addition, evidence gathered during the audit indicates that program-related training was included in pay-period data reporting. In a county memo dated June 10, 2002, to department payroll, personnel staff, service centers, and timekeepers, county departments are advised to use the new training code to report training hours. The memo goes on to state, "the hours that the employee is away from his/her normal productive work is the key for reporting the hours regardless of the type of training or if the training is mandatory or non-mandatory." This does not support the contention that only non-program related training was recorded in the county's payroll system. In addition, the Registrar of Voters Office did not provide any documentation supporting the claim that program-related training was tracked separately and that such training was not subsequently reported within the county's payroll system.

Break Time

The SCO's claiming instructions, which include guidelines for preparing mandated cost claims, do not identify time spent on authorized breaks as deductions (excludable components) from total hours when computing productive hours. The county's accounting system did not separately account for actual break time taken. Limiting daily reporting of hours worked to 7.5 hours does not address instances in which staff works less than eight hours a day, nor does it ensure consistency of application to all programs (mandates and non-mandates).

The development of productive hours based on estimated costs is not consistent with Office of Management and Budget Circular A-87, *Cost Principles for State, Local, and Indian Tribal Governments*. If the county chooses to deduct actual break time taken in calculating productive hours, its accounting system must separately identify the actual break time taken.

**Attachment—
County's Response to
Draft Audit Report**

County of Santa
Clara
County Auditor
1000
San Jose, CA 95128

Dear Mr. [Name]:

Very
Sincerely,
[Signature]

County of Santa Clara

Finance Agency
Controller-Treasurer Department
County Government Center
70 West Hedding Street, East Wing, 2nd Floor
San Jose, California 951 10-1705
(408) 299-5200 FAX (408) 289-8629



DATE: May 3, 2005

TO: Jim L. Spano
Chief, Compliance Audits Bureau,
State Controller's Office, Division of audits,
Post Office Box 942850,
Sacramento, CA 94250-5874

FROM: David G. Elledge
Controller-Treasurer

A handwritten signature in black ink, appearing to read "David G. Elledge".

RE: SB90 mandate-Absentee Ballots Program-Response to Draft audit report

Summary

Thank you for the audit report on the SB90 State Mandated Costs claim of the legislatively mandated Absentee Ballots Program (Chapter 77, Statutes of 1978; Chapter 920, Statutes of 1994; and Chapter 1632, Statutes of 2002) for the period of July 1, 2000 through June 30, 2003.

The one audit finding relates to unsupported salaries, benefits and related indirect costs for 2000-01 through 2002-03 arising out of the usage of Countywide Productive hour rate. This issue of Countywide Productive hours was replied to in all responses to State audit reports on other programs. We adopt our earlier responses on the issue of countywide productive hourly rate. Please reconsider the disputed audit finding in view of our reply; we respectfully request that you rework the numbers in the report.

Finding and Recommendation

Finding - unsupported salaries, benefits and related indirect costs

The State Controller's draft audit report about the County's SB 90 program-Absentee Ballots states: -

In calculating the countywide productive hours, the county included unallowable deductions for training and authorized break time. The county deducted estimated training time based on hours required by employees' bargaining unit agreements and/or continuing education requirements for licensure/certification rather than actual training hours attended. Furthermore, deducted training hours benefit specific departments' classification rather than all departments. For fiscal year (FY) 2003, the county

Board of Supervisors: Donald P. Gage, Blanca Alvarado, Pete McHugh, James T. Beall, Jr., Ljz Kniss
County Executive: Peter Kutras, Jr.



introduced a training code under its current automated payroll system to track employees' training hours. The county claimed that the training hours charged to this code were actual time spent by employees attending non-program related classes. However, the county was unable to substantiate the excluded training hours with any supporting documentation. Further it was unclear whether the training classes attended were program- or non-program related. In addition the county deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period; therefore, the county cannot exclude those hours from productive hours.

For the entire audit period, the county also deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period. Therefore, the county cannot deduct training and authorized break time from productive hours.

Response

We note that compared to the previous audit reports, there is a welcome change now that the audit finding is not the non-allowability of the policy of countywide productive hours but is limited to the treatment and documentation for training and break time only. Thank you for accepting the countywide productive hour policy. Consequently, we will only discuss the two specific issues of documentation for training time and break.

The County implemented the countywide calculation of productive hours in FY 2000-01. Claims filed for that fiscal year were based on calculations that included training time received by employees and reported by County departments, based on collective bargaining agreements or rosters related to actual training sessions that were conducted. Break-time was similarly calculated, based on requirements of collective bargaining agreements and State law. For all subsequent fiscal years, the County modified the automated payroll system to capture actual hours of training by individual employee for all County departments.

The county's policy for reporting training time is only related to non-program training. Departments have been advised to exclude program-related training from the pay period data reporting. We explained this to the state audit staff. We also explained that the payroll section can only maintain the total time spent and reported by each department. The analysis as to whether they were program-related or not is done in the departments. We told the state audit staff to check this issue in the departments if they wished. All data and records required for the audit were produced.

On the issue of reporting actual break-time taken by employees, our automated payroll system could accommodate such a change; but the additional time and cost of recording such information would exceed the value of the information obtained. This information can readily be determined by simple calculation. This conclusion is consistent with OMB A-87 cost allocation principles, which limit the effort expected of state and local governments to calculate indirect costs when such costs are "... not readily assignable... without effort disproportionate to the results achieved." In the case of daily break-time required by both State law and collective bargaining agreements, the

recording of actual break-time taken twice-daily by more than 15,000 employees during 250 workdays per year would not result in the determination of a materially different amount of actual time taken than could be readily calculated pursuant to the 30 minute daily standard specified by the collective bargaining agreements. The cost of doing this would be prohibitive. Because the County has directed all employees (Attachment A) to limit the daily reporting of hours worked to 7.5 hours when preparing SB 90 claims, the effect of not allowing the County to exclude one-half hour per day break-time from the productive hour calculation would be to increase the hours charged to SB 90 claims by the same one-half hour per day for all claims involving full-day charges. As stated in the case of training time earlier, the break time on days when the staff work exclusively on specific programs is not included in the break time for this purpose.

We previously clarified these issues in response to an email dated February 6, 2004 from the Audit Division of the State Controller's Office. The email stated that the State would accept the usage of a countywide productive hourly rate with certain conditions (Attachment B). That email raised the same issues raised in this audit report. For your reference the email from the Audit Division of the State Controller's Office dated February 6, 2004 is reproduced below.

Copy of email dated February 6, 2004 from Jim Spano to the County of Santa Clara

Ram,

I reviewed the county's proposal dated December 19, 2001, to use countywide Productive hours and have discussed your analysis with my staff and Division Of Accounting and reporting staff. The use of countywide productive hours Would be acceptable to the State Controller's Office provided all employee Classifications are included and productive hours are consistently used for All county programs (mandated and non-mandated).

The SCO's Mandated Cost Manual (claiming instructions), which includes Guidelines for preparing mandated cost claims, does not identify the time Spent on training and authorized breaks as deductions (excludable components) from total hours when computing productive hours. However, if a county chooses to deduct time for training and authorized breaks in calculating countywide productive hours, its accounting system must separately identify the actual time associated with these two components. The accounting system must also separately identify training time directly charged to program activities. Training time directly charged to program activities may not be deducted when calculating productive hours.

The countywide productive hours used by Santa Clara County were not consistently applied to all mandates for FY 2000-01. Furthermore, countywide productive hours used during the audit periods include unallowable deductions for time spent on training and authorized breaks. The county deducted training time based on hours required by employees' bargaining unit agreement and continuing education requirements for licensure/certification rather than actual training hours taken. In addition, the county deducted

authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period, and therefore, cannot exclude those hours from productive hours.

If you would like to discuss the above further, please contact me.

Jim Spano

We responded to all the issues raised by Jim Spano. We use the countywide productive hours policy for non-SB90 programs, as suggested by Jim Spano in Para 1. Further, before the introduction of the countywide productive hour policy in the County of Santa Clara in our letter of December 27, 2001, we notified (Attachment C) the State Controller that the County was electing to change its SB 90 claiming procedures for the calculation of productive hourly rates. The County reported that the switch to a countywide methodology for the calculation of average countywide productive hours per position would improve SB 90 claiming accuracy, consistency, and documentation and facilitate the State audit function. Consequently, more than 50 claims have been submitted and accepted during the past two years using this countywide methodology.

We advised state audit staff and provided a copy of the County's letter dated December 27, 2001 and explained our understanding of the SB 90 instructions pertaining to the calculation of productive hours. The State auditors were unable to provide any written State procedures, regulations or other legal authority to refute our interpretation of Section 7 of the State Controller's SB 90 Claiming Instructions for Cities, Counties and Special Districts.

We respectfully request you to reconsider your findings on the usage of countywide productive hour policy and recalculate the numbers in the report to allow all the costs in this claim.

Attachments A,B and C.

ATTACHMENT A

Ramalah Venkatesan
12/19/2001 04:05 PM

To: alan.mihato@sho.co.scl.ca.us, amy.kung@sca.co.scl.ca.us, andy.balanco@apd.co.scl.ca.us, Bill Helfman <bill.helfman@Bas.CO.Santa-Clara.CA.US>, cfrinh@da.co.scl.ca.us, Champa.Manian@spd.CO.Santa-Clara.CA.US, dfaunter@cor.co.scl.ca.us, danna.prochazka@pdco.co.scl.ca.us, isaac_p@pag.co.scl.ca.us, martha.paine@hhs.co.scl.ca.us, mike.rock@snl.co.scl.ca.us, peter.ng@ceb.co.scl.ca.us, virginia.jae@rov.co.scl.ca.us, lisa.perez@doc.co.scl.ca.us, michael.lipman@era.co.santa-clara.ca.us
cc:
Subject: Countywide productive hours

Ram Venkatesan
SB 90 Coordinator
Controller Treasurer's Office
County of Santa Clara
408-299-2541
408-299-8629 Fax

I am attaching the Countywide productive hours calculated for FY00 and FY01 to be used for all new claims , amendment claims FY00 and Annual claims FY 01. The FGOC has approved the usage of Countywide Productive hours as a policy. We have informed our consultants DMG Maximus also. If you have any questions please contact me.
regards , ram venkatesan

After sending the above letter last week, I received a few telephone calls regarding the time charging method to be followed. In view of the usage of countywide productive hours, I would like to clarify the same .

1. As we are removing the informal time off (break time) and other unproductive hours from the productive hours calculation the time charged to the SB90 programs should be the actual no. of hours when the total no. of hours spent on SB90 is less than 8 hours a day and if a full day work is charged to SB90 program, it should be restricted to 7.5 hours only . This point was discussed in the workshop meetings also

2. We will be informing the SCD of the new policy of Countywide productive hours.

Our Consultants Maximus have also been informed of this procedure to be followed. Please call me if you need any further clarifications.



Prod Hrs 99-00 & 00-C

County of Santa Clara
Public Administration
County Administration
70 West Park
San Jose, CA 95128
(408) 298-2222

ATTACHMENT C



December 27, 2001
The State Controller's Office
Anti-Local Reimbursements Section
Division of Accounting and Reporting
P. O. Box 942850
Sacramento, CA 94230

Subject: Countywide Productive Hourly Rate for SB90 Claims

The Santa Clara County has decided to use the countywide effectively hourly rate in calculating the direct labor costs for its future SB90 claims. The methodology used by the County in determining the countywide effective hourly rate is consistent with the guidelines issued by the State Controller's Office in the "SB90-Mandated Cost Manual for the Counties". Developing a countywide effective hourly rate will standardize the County's approach, minimize duplication of effort presently expended making these calculations, and improve the accuracy and documentation related to the calculation of the productive hour rates.

The State Manual suggests the following three methods for determining the productive hours and gives the counties an option to use any of these methods:

- a. Actual annual productive hours for each job title;
- b. Countywide average annual productive hours; or
- c. The standard annual 1800 hours. The State Controller included the following items in determining the standard 1800 hours:
 - Paid holidays
 - Vacation earned
 - Sick leave taken
 - Informal time off
 - Jury Duty
 - Military leave taken

Prior to developing the productive hourly rate calculations, our Management Auditor (Roger Mialocq) contacted the State Controller's Bureau Chief for Compliance Audits (Jim Spano) to see if there were any objections to the countywide productive hourly rate usage. Mr. Spano concurred that the countywide hourly rate will result in a more efficient, less costly and more accurate approach.

Board of Supervisors: Donald F. Cogg, Blanca Alvarado, Pete McHugh, James T. Beall Jr., Liz Kniss
County Executive: Richard Wittenberg

5

jspano@scoc.ca.gov
02/08/2004 03:08 PM

To: Ram Venkatesan@fin.sco.gov.org
cc: gprasad@scoc.ca.gov, svaizea@scoc.ca.gov, mhavay@scoc.ca.gov,
gbrummels@scoc.ca.gov, mquerrn@scoc.ca.gov, aluna@scoc.ca.gov,
jvennehan@scoc.ca.gov
Subject: Countywide Productive Hours

Ram,

I reviewed the county's proposal dated December 19, 2001, to use countywide productive hours and have discussed your analysis with my staff and Division of Accounting and Reporting staff. The use of countywide productive hours would be acceptable to the State Controller's Office provided all employee classifications are included and productive hours are consistently used for all county programs (mandates and nonmandated).

The SCO's Mandated Cost Manual (claiming instructions), which includes guidelines for preparing mandated cost claims, does not identify the time spent on training and authorized breaks as deductions (excludable components) from total hours when computing productive hours. However, if a county chooses to deduct time for training and authorized breaks when calculating countywide productive hours, its accounting system must separately identify the actual time associated with these two components. The accounting system must also separately identify training time directly charged to program activities. Training time directly charged to program activities may not be deducted when calculating productive hours.

The countywide productive hours used by Santa Clara County were not consistently applied to all mandates for FY 2000-01. Furthermore, countywide productive hours used during the audit periods include unallowable deductions for time spent on training and authorized breaks. The county deducted training time based on hours required by employees' bargaining unit agreement and continuing education requirements for licensure/certification rather than actual training hours taken. In addition, the county deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period, and therefore, cannot exclude those hours from productive hours.

If you would like to discuss the above further, please contact me.

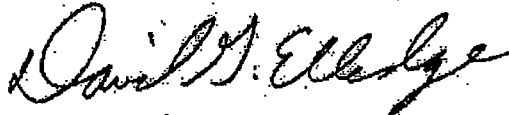
- > Jim L. Spano, CPA
- > Chief, Compliance Audits Bureau
- > Division of Audits
- > State Controller's Office
- > Work - (916) 328-5849
- > Fax - (916) 327-0832

We have decided to use the countywide effective hours, and have enclosed for your review, analysis of actual hours for all county employees and the calculation of the countywide productive hours for the fiscal years 2000 and 2001. For this, we have used the information on actual hours expended during the fiscal year with data extracted from the county's computerized payroll (PeopleSoft) system. We will amend the SB90 claims for fiscal year 2000, and will prepare all future SB90 claims using this methodology.

Please review the enclosed schedules and provide us with your immediate response. Complete supporting working papers are available at our office and will be made available upon your request. We will submit the details with each claim submitted.

If you need more information, please contact the County's SB90 Coordinator, Mr. Ram Venkatesan, at (408) 299-5214 or by email ramnaiah.venkatesan@fin.co.scl.ca.us

Sincerely,



David G. Elledge
Controller-Treasurer

Encl:

EXHIBIT B

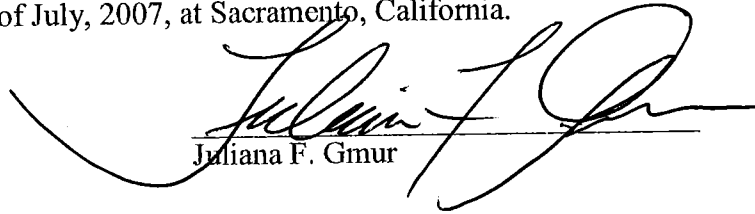
STATE OF CALIFORNIA
COMMISSION ON STATE MANDATES

In Re:)	No.
)	
STATE CONTROLLER'S OFFICE)	DECLARATION OF
AUDIT REPORT ON SANTA)	JULIANA F GMUR
CLARA COUNTY ABSENTEE)	
BALLOTS PROGRAM)	
_____)	

I, Juliana F. Gmur, state as follows:

1. I am an attorney licensed by the State of California to practice law and have practiced for 5 years before the Commission on State Mandates. I have personal knowledge of the facts stated herein and if called upon to testify, I could do so competently.
2. I was recently involved in obtaining documents for the above-captioned matter. Specifically, I was attempting to locate the Statement of Decision. Although, MAXIMUS maintains a substantial filing system with Commission and Board of Control matters, the file for the Absentee Ballots program only contained a copy of the Parameters and Guidelines, a true and correct copy is attached hereto. This document indicated that a hearing had taken place on June 17, 1981.
3. I next used the Commission's website search engine but to no avail. I then contacted the Commission offices and spoke to Lorenzo who has assisted me in such matters many times in the past. He was unable to locate the Statement of Decision likely due to the age of the document.

I declare under penalty of perjury that the foregoing is true and correct as based upon my personal knowledge, information or belief, and that this declaration is executed this 23 day of July, 2007, at Sacramento, California.


Juliana F. Gmur

Parameters and Guidelines
Chapter 77, Statutes of 1978
(Absentee Ballots)

Summary of Mandate

This statute requires that local agencies make absentee ballots available upon request to all registered voters. Under prior law, absentee ballots were provided only when the following conditions were met:

- a. illness
- b. absence from precinct at day of election
- c. physical handicap
- d. conflicting religious commitments
- e. voter's residence is more than ten miles from his polling place

Board of Control Decision

The Board of Control determined, at its hearing of June 17, 1981, that a reimbursable mandate requiring an "increased level of service" exists in Chapter 77, Statutes of 1978.

Eligible Claimant

Local agencies which administer an election program are eligible.

Period of Reimbursement

All eligible costs incurred on or after July 1, 1980 are reimbursable. The law became effective on January 1, 1979. The test claim was filed on January 2, 1981. Therefore, pursuant to Revenue and Taxation Code Section 2253.8, all costs incurred on or after July 1, 1980 are reimbursable. The first claim submitted will report costs incurred from July 1, 1980 through June 30, 1981. Pursuant to Revenue and Taxation Code Section 2231(d)(1), all claims for reimbursement of costs shall be submitted within 120 days from the date of notification by the Controller of the enactment of the claims bill.

If total costs incurred in a single fiscal year do not exceed \$200, no reimbursement shall be allowed except as otherwise provided in Revenue and Taxation Code Section 2233.

Reimbursable Costs

Revenue and Taxation Code Section 2207 defines "costs mandated by the state" to mean any increased costs resulting from "an increased level of Service or new program." Chapter 77, Statutes of 1978 mandated an increased level of service for local government and special districts which administer election programs. Consequently, these parameters and guidelines shall provide reimbursement only for costs associated with the increase in absentee ballots filings, as determined under the following formula.

1. Base Year Calculation (remains the same for all fiscal years claimed)

W) Number of ballots cast from January 1, 1975 through December 30, 1978 (W)

X) Number of absentee ballots cast from January 1, 1975 through December 30, 1978 (X)

2. Calculation for Fiscal Year Claimed (compute for each claims)

Y) Number of ballots cast in fiscal year claimed _____

Z) Number of absentee ballots cast in fiscal year claimed _____

3. Formula for Calculating Number of Reimbursable Filings

Z- $\frac{(X \cdot Y)}{W}$ = Number of reimbursable filings _____

4. Calculation of Cost Per Absentee Ballot Filing (see Guidelines for Claim Preparation)

- a. Material \$ _____
 - b. Postage \$ _____
 - c. Labor \$ _____
 - d. Overhead \$ _____
 - e. Cost per Absentee Ballot \$ _____
- (a + b + c + d)

(Following the filing of reimbursement claims with the Controller, the Board of Control shall review the applicability of uniform cost per Absentee Ballot.)

5. Computation of Reimbursement

- A. Number of reimbursable filings (Item 3) _____
- B. Cost per filing (Item 4) \$ _____
- Total Reimbursement (A x B) \$ _____

Guidelines for Claim Preparation

This procedure will help the claimant organize the data presentation for the calculation of the cost per filing. Adherence to this procedure will speed up the reimbursement process. It will also ensure consistency in the review of the claim and lessen the need by the Controller's Office to contact the claimant for additional information.

In general, all costs should be classified according to the criteria of the State Controller's Accounting Standards and Procedures for Counties.

1. Description of Activity

Copies of invoices, time records, and other documents necessary to support the costs included in this claim should be retained by the claimant for audit purposes. If costs cannot be supported, the costs reported will be disallowed by the Controller's Office. The selecting of appropriate data is the responsibility of the claimant.

2. Salary and Employee Benefits

Indicate the classification of the employee involved, mandated functions performed, number of hours devoted to the function, hourly rate, and fringe benefits.

3. Services and Supplies

Only expenditures which can be identified as direct costs as a result of the mandate can be claimed here. List costs of material acquired which have been consumed or expended specifically for the purpose of this mandate.

4. Allowable Overhead Cost

Indirect costs may only be claimed through an indirect cost rate proposal prepared in accordance with the provision of Federal Regulation OASC-10 (use in conjunction with FMC 74-4).

5. Supportive Data

For auditing purposes, all costs claimed must be traceable to source documents or worksheets that indicate evidence of and the validity of such costs. The documents must be kept on file and made available on the request of the State Controller.

6. Required Certification

The following Certification must accompany the claim:

I DO HEREBY CERTIFY:

THAT Section 1090 to 1096, inclusive, of the Government Code and other applicable provisions of the law have been complied with; and

THAT I am the person authorized by the local agency to file claims with the State of California.

Signature of Authorized Representative

Date

Title

Telephone Number

EXHIBIT C

BEFORE THE
COMMISSION ON STATE MANDATES
STATE OF CALIFORNIA

IN RE AMENDMENT TO PARAMETERS
AND GUIDELINES ON:

Elections Code Sections 3003 and 3024;

Statutes 1978, Chapter 77, and
Statutes 2002, Chapter 1032 (AB 3005);

Filed on September 28, 2002;

By the Legislature, Requestor.

No. 02-PGA-02

Absentee Ballots


ADOPTION OF AMENDMENT TO
PARAMETERS AND GUIDELINES
PURSUANT TO GOVERNMENT CODE
SECTION 17557 AND TITLE 2,
CALIFORNIA CODE OF REGULATIONS,
SECTIONS 1183.2 AND 1185.3.

(Adopted on February 27, 2003)

AMENDED PARAMETERS AND GUIDELINES

On February 27, 2003, the Commission on State Mandates adopted the attached Amended Parameters and Guidelines.

This Decision shall become effective on March 5, 2003.



PAULA HIGASHI, Executive Director

PARAMETERS AND GUIDELINES AMENDMENT

Elections Code Sections 3003 and 3024

Statutes 1978, Chapter 77
Statutes 2002, Chapter 1032

Absentee Ballots

I. SUMMARY OF THE MANDATE

Elections Code section 3003, as added by Statutes 1978, chapter 77, and amended by Statutes 1994, chapter 920, requires that absentee ballots be available to any registered voter.¹ The Board of Control, predecessor agency to the Commission on State Mandates, determined at its hearing of June 17, 1981, that a reimbursable state mandate requiring an "increased level of service" exists in Statutes 1978, chapter 77. Under prior law, absentee ballots were provided only when the following conditions were met:

- a. illness,
- b. absence from precinct at day of election,
- c. physical handicap,
- d. conflicting religious commitments, or
- e. voter's residence is more than ten miles from his polling place.

Elections Code section 3024, as added by Statutes 2002, chapter 1032² requires the Commission on State Mandates to amend these parameters and guidelines to "delete school districts, county boards of education, and community college districts from the list of eligible claimants." AB 3005 specifies that the cost to administer absentee ballots when issues and elective offices related to school districts, as defined by Government Code section 175 19, are included on a ballot election with non-education issues and elective offices shall not be fully or partially prorated to a school district.

II. ELIGIBLE CLAIMANTS

"Local agencies," as defined in Government Code section 175 18, that have incurred increased costs as a direct result of this mandate are eligible to claim reimbursement of those costs. "School districts," as defined in Government Code section 175 19, that have incurred increased costs as a direct result of administering their own election program are eligible to claim reimbursement of those costs. School districts cannot claim reimbursement when the county election official administers a school district election.

III. PERIOD OF REIMBURSEMENT

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government

¹ Statutes 1994, chapter 920 only renumbered Elections Code section 3003.

² Assembly Bill No. 3005 (2001-2002 Reg. Sess.), hereafter referred to as AB 3005.

Absentee Ballots
Adopted: August 12, 1982
Amended: December 18, 1997
Amended: February 27, 2003

Code section 1756 1, subdivision (d)(1), all claims for reimbursement of initial years costs shall be submitted within 120 days of issuance of the claiming instructions by the State Controller.

For initial claims and annual claims filed prior to September 30, 2002, including amendments thereof, if the total costs for a given fiscal year do not exceed \$200, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564. For initial claims and annual claims filed on or after September 30, 2002, if the total costs for a given fiscal year do not exceed \$1000, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564.

A. Local Agencies

Government Code section 17557, prior to its amendment by Statutes 1998, chapter 681 (effective September 22, 1998) stated that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for that fiscal year.

Statutes 1978, chapter 77 became effective on January 1, 1979. The test claim was filed on January 2, 1981. Therefore, in accordance with Section 17557, as in effect on the date of the filing of the test claim, all costs incurred by local agencies in compliance with Statutes 1978, chapter 77 are eligible for reimbursement on or after July 1, 1980. The first claim submitted will report costs incurred from July 1, 1980 through June 30, 1981.

B. School Districts

California Code of Regulations, title 2, section 1185.3, prior to its amendment (effective September 13, 1999), stated that a parameters and guidelines amendment filed after the initial claiming deadline must be submitted on or before November 30 following a fiscal year in order to establish eligibility for reimbursement for that fiscal year. An amendment was filed on August 25, 1997. Therefore, in accordance with Section 1185.3, as in effect on the date of the filing of the parameters and guidelines amendment, all costs incurred by school districts in compliance with Statutes 1978, chapter 77 are eligible for reimbursement on or after July 1, 1996 through September 27, 2002.

Effective September 13, 1999, California Code of Regulations, title 2, section 1183.2, states that a parameters and guidelines amendment filed after the initial claiming deadline must be submitted on or before January 15 following a fiscal year in order to establish eligibility for reimbursement for that fiscal year. This amendment, as required by AB 3005, was effective September 28, 2002. Therefore, only those costs incurred by school districts to administer their own election program in compliance with Statutes 1978, chapter 77 are eligible for reimbursement on or after September 28, 2002.

IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the

event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, these parameters and guidelines shall provide reimbursement only for costs associated with the increase in absentee ballot filings, as determined under the formulas below.

A. Elections Done by the County Election Official and Billed to the Local Agency

Methods 1, 2 and 3, below, are intended for use where a local agency election is done by the county election official and billed to the local agency. When county election officials provide election services to other local agencies, the costs of those billed services pursuant to the Uniform District Election Law (Elections Code section 10500 et seq.) shall not be included in the county's reimbursement claim.

Method 1

This method applies when the county election official does all calculations and provides a billing that distinguishes the reimbursable amount and the non-reimbursable amount billed.

If the county election official determines the claimant's pro rata share of reimbursable costs and reports the pro rata share of these costs in a separate bill or as a line item on a bill, the claimant may claim the amount paid to the county for the reimbursable costs.

Method 2

This method assumes that the percentage increase in absentee ballots is uniform throughout the county, and uses the countywide figures to determine the percentage of reimbursable costs.

1. Obtain data from county election official on the number of reimbursable absentee ballots (n), the number of absentee ballots cast (z) for the fiscal year, and the amount billed to the local agency by the county for total absentee ballot costs.
2. Calculate the Reimbursable Cost Percentage

$$\frac{n}{z} \times 100 = \text{Reimbursable Cost Percentage (p)}$$

3. Calculate the Reimbursable Costs

$$\frac{p}{100} \times \text{amount billed by county} = \text{Amount of Reimbursable Costs}$$

Method 3

This method is more complex, and requires the local agency to have data on numbers of ballots and absentee ballots filed in the local agency area. It requires the collection of more data, which may or may not be readily available.

1. Base Year Calculation (remains the same for all fiscal years claimed)

w) Number of ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (w)

x) Number of absentee ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (x)

2. Calculation for Fiscal Year Claimed (compute for each fiscal year claimed)

y) Number of ballots cast in the district or local agency area in fiscal year claimed (y)

z) Number of absentee ballots cast in the district or local agency area in fiscal year claimed (z)

3. Formula for Calculating Number of Reimbursable Absentee Ballots Filed

$$z - \frac{(x \times y)}{w} = \text{Number of reimbursable absentee ballots (n)}$$

4. Calculation of Reimbursable Cost Percentage

$$\frac{n}{z} \times 100 = \text{Reimbursable Cost Percentage (p)}$$

5. Calculation of Reimbursable Costs

$$\frac{p}{100} \times \text{amount billed by county} = \text{Amount of Reimbursable Costs}$$

B. Local Agencies or School Districts that Administer their Own Elections

Method 4, below, is intended for use where local agencies and school districts do their own elections and thus have the information on both numbers of ballots and absentee ballots, as well as the per-ballot cost information needed for item 4.

Method 4

1. Base Year Calculation (remains the same for all fiscal years claimed)

w) Number of ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (w)

x) Number of absentee ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (x)

2. Calculation for Fiscal Year Claimed (compute for each claim)
 - y) Number of ballots cast in the district or local agency area in fiscal year claimed (y)
 - z) Number of absentee ballots cast in the district or local agency area in fiscal year claimed (z)

3. Formula for Calculating Number of Reimbursable Absentee Ballots Filed

$$z - \frac{(x \times y)}{w} = \text{Number of reimbursable absentee ballots (n)}$$

4. Calculation of Cost Per Absentee Ballot Filing (See section V. Claim Preparation and Submission)

- | | |
|--|----------|
| a. Material | \$ _____ |
| b. Postage | \$ _____ |
| c. Labor | \$ _____ |
| d. Overhead | \$ _____ |
| e. Cost per Absentee Ballot
(a+b+c+d) | \$ _____ |

5. Computation of Reimbursement

- | | |
|--|----------|
| A. Number of reimbursable filings (Item 3)(n) | _____ |
| B. Cost per Absentee Ballot filing (Item 4)(e) | \$ _____ |
| Total Reimbursement (A x B) | \$ _____ |

V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in Section IV, Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. Attach a copy of the contract to the claim. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the dates when services were performed and itemize all costs for those services.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination point, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A. 1, Salaries and Benefits, for each applicable reimbursable activity.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Local Agencies

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB A-87 Attachments A and

B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the Claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or
2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

School Districts

School districts must use the J-380 (or subsequent replacement) non-restrictive indirect cost rate provisionally approved by the California Department of Education.

County offices of education must use the J-580 (or subsequent replacement) non-restrictive indirect cost rate provisionally approved by the California Department of Education.

Community colleges have the option of using: (1) a federally approved rate, utilizing the cost accounting principles from the Office of Management and Budget Circular A-2 1, "Cost Principles of Educational Institutions"; (2) the rate calculated on State Controller's Form FAM-29C; or (3) a 7% indirect cost rate.

VI. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter³ is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment

³ This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

of the claim. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

VII. OFFSETTING SAVINGS AND REIMBURSEMENTS

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, services fees collected, federal funds, and other state funds, shall be identified and deducted from this claim.

VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the statute or executive order creating the mandate and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 1756 1, subdivision (d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 1757 1. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (a), and California Code of Regulations, title 2, section 1183.2.

Absentee Ballots
Adopted: August 12, 1982
Amended: December 18, 1997
Amended: February 27, 2003

DECLARATION OF SERVICE BY MAIL

I, the undersigned, declare as follows:

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

March 6, 2003, I served the:

Amended Parameters and Guidelines
Absentee Ballots, 02-PGA-02
Elections Code Sections 3003 and 3024
Statutes 1978, Chapter 77
Statutes 2002, Chapter 1032 (AB 3005)

by placing a true copy thereof in an envelope addressed to:

Mr. Mike Havey, Bureau Chief
State Controller's Office
Division of Accounting & Reporting
3301 C Street, Suite 500
Sacramento, CA 958 16

State Agencies and Interested Parties (See attached mailing list);

and by sealing and depositing said envelope in the United States mail at Sacramento, California, with postage thereon fully paid.

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 March 6, 2003, at Sacramento, California.


VICTORIA SORIANO

EXHIBIT D

ABSENTEE BALLOTS

1. Summary of Chapters 77/78 and 920/94

Elections Code § 3003, as added and amended by Chapter 77, Statutes of 1978, and Chapter 920, Statutes of 1994, requires that absentee ballots be available to any registered voter without the prerequisite of certain conditions as required under prior law.

On June 17, 1981, the Board of Control, predecessor to the Commission on State Mandates, determined that Chapter 77, Statutes of 1978, resulted in state mandated costs that are reimbursable pursuant to Part 7 (commencing with Government Code § 17500) of Division 4 of Title 2.

2. Eligible Claimants

Any city, county, city and county, or special district, that administers an election program and incurs increased costs as a result of this mandate is eligible to claim reimbursement of these costs.

3. Appropriations

Claims may only be filed with the State Controller's Office for programs that have been funded in the State Budget Act or in special legislation. To determine if current funding is available for this program, refer to the schedule, "Appropriations for State Mandated Cost Programs," presented in the "Annual Claiming Instructions for State Mandated Costs" issued in September of each year to city fiscal officers, county auditors, and administrators of special districts.

4. Types of Claims

A. Reimbursement and Estimated Claims

A claimant may file a reimbursement and/or an estimated claim. A reimbursement claim details the costs actually incurred for a prior fiscal year. An estimated claim shows the costs to be incurred for the current fiscal year.

B. Minimum Claim

Section 17564(a) of the Government Code provides that no claim shall be filed pursuant to section 17561 unless such a claim exceeds \$200 per program per fiscal year. However, any county, as fiscal agent for special districts, may submit a combined claim in excess of \$200 on behalf of two or more districts within the county even if an individual district's claim does not exceed \$200. A combined claim must show the individual claim costs for each special district. Once a combined claim is filed, all subsequent fiscal years relating to the same mandate must be filed in a combined form. The county receives the reimbursement payment and is responsible for disbursing funds to each participating district. A district may withdraw from the combined claim form by providing the county and the State Controller's Office with a written notice of its intent to file a separate claim at least 180 days prior to the deadline for filing the claim. Claims should be rounded to the nearest dollar.

5. Filing Deadline

A. Initial and Revised Claims

Initial and revised claims for 1996-97 and 1997-98 must be filed within 120 days from the issuance date of claiming instructions. Accordingly:

- (1) Reimbursement claims detailing the actual costs incurred for the 1996-1997 fiscal year must be filed with the State Controller's Office and postmarked by June 17, 1998. If the reimbursement claim is filed after the deadline of June 17, 1998, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.
- (2) Estimated claims for costs to be incurred during the 1997/98 fiscal year must be filed with the State Controller's Office and postmarked by June 17, 1998. Timely filed estimated claims are paid before late claims. If a payment is received for the estimated claim, a 1997/98 reimbursement claim must be filed by November 30, 1998.

B. Annually Thereafter

Refer to the item "Reimbursable State Mandated Cost Programs" contained in the cover letter for mandated cost programs issued annually in September, which identifies the fiscal years for which claims may be filed. If an "x" is shown for the program listed under "19__/19__ Reimbursement Claim," and/or "19__/19__ Estimated Claim," claims may be filed as follows:

- (1) An estimated claim filed with the State Controller's Office must be postmarked by November 30 of the fiscal year in which the cost will be incurred. Timely filed estimated claims will be paid before late claims.

After having received payment for an estimated claim, the claimant must file a reimbursement claim by November 30 of the following fiscal year. If the local agency fails to file a reimbursement claim, monies received for the estimated claim must be returned to the State. If no estimated claim was filed, the agency may file a reimbursement claim detailing the actual cost incurred for the fiscal year, provided there was an appropriation for the program for that fiscal year. For information regarding appropriations for reimbursement claims, refer to the "Appropriation for State Mandated Cost Programs" in the previous fiscal year's annual claiming instructions.

- (2) A reimbursement claim detailing the actual costs must be filed with the State Controller's Office and postmarked by November 30 following the fiscal year in which the costs will be incurred. If the claim is filed after the deadline but by November 30 of the succeeding fiscal year, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.

6. Reimbursement

Eligible claimants will be reimbursed for costs associated with an increase in absentee ballot filings using one of the recommended methods listed below.

Methods 1, 2, and 3, are intended for use where a local agency election is done by the county election official and billed to the local agency. Method 1 is the simplest and is applicable when the county election official does all calculations and provides a billing which distinguishes the reimbursable amount and the non-reimbursable amount billed.

Method 2 is under the assumption that the percentage increase in absentee ballots is uniform throughout the county and uses county-wide figures to determine the percentage of reimbursable costs.

Method 3 is more complex and requires the local agency to have data on the number of ballots and absentee ballots filed in the local agency area. This method requires the collection of more data which, may or may not be readily available.

Method 4 is the most complex and is intended for use where local agencies do their own elections and have the information on the number of ballots and absentee ballots as well as the per-ballot cost information needed for this method.

A. Method 1

If the county election official determines the claimant's pro rata share of reimbursable costs and reports these costs in a separate bill or as a line item on a bill, the claimant may claim the amount paid to the county for the reimbursable costs.

B. Method 2

1. Obtain data from the county election official on the number of reimbursable absentee ballots (n), the number of absentee ballots cast (z) for the fiscal year, and the amount billed to the school district or county board of education by the county for the total absentee ballot costs.

2. Calculate the Reimbursable Cost Percentage

$$\frac{n}{z} \cdot 100 = \text{Reimbursable Cost Percentage (p)}$$

3. Calculate the Reimbursable Costs

$$\frac{p}{100} \cdot \text{Amount billed by county} = \text{Amount of Reimbursable Costs}$$

C. Method 3

1. Base Year Calculation (remains the same for all fiscal years claimed)

w) Number of ballots cast in the district from January 1, 1975 through December 30, 1978 (w).

x) Number of absentee ballots cast in the district from January 1, 1975 through December 30, 1978 (x).

2. Calculation for Fiscal Year Claimed (compute for each fiscal year claimed)

y) Number of ballots cast in the district in the fiscal year claimed (y).

z) Number of absentee ballots cast in the district in the fiscal year claimed (z)

3. Formula for Calculating Number of Reimbursable Absentee Ballots Filed

$$z - \frac{(x \cdot y)}{w} = \text{Number of Reimbursable Absentee Ballots (n)}$$

4. Calculation of Reimbursable Cost Percentage

$$\frac{n}{z} \cdot 100 = \text{Reimbursable Cost Percentage (p)}$$

5. Calculation of Reimbursable Costs

$$\frac{p}{100} \cdot \text{Amount billed by county} = \text{Amount of Reimbursable Costs}$$

D. Method 4

1. Base Year Calculation (remains the same for all fiscal years claimed)

w) Number of ballots cast in the district from January 1, 1975 through December 30, 1978 (w).

x) Number of absentee ballots cast in the district from January 1, 1975 through December 30, 1978 (x)

2. Calculation for Fiscal Year Claimed (compute for each claim)

- y) Number of ballots cast in the district in the fiscal year claimed (y)
- z) Number of absentee ballots cast in the district in the fiscal year claimed (z)

3. Formula for Calculating Number of Reimbursable Absentee Ballots Filed

$$z - \frac{(x \cdot y)}{w} = \text{Number of reimbursable absentee ballots (n)}$$

4. Calculation of Cost per Absentee Ballot Filing

- a. Material \$
 - b. Postage \$
 - c. Labor \$
 - d. Overhead \$
 - e. Cost per Absentee Ballot \$
- (a+b+c+d)

5. Computation of Reimbursement

- A. Number of Reimbursable Filings (Item 3)
- B. Cost per Filing (Item 4e)

	\$
	\$

Total Reimbursement (A x B)

7. Reimbursement Limitations

Any offsetting savings or reimbursement the claimant received from any source including but not limited to, service fees collected, federal funds, and other state funds as a result of this mandate shall be identified and deducted so only the net local cost is claimed.

8. Claiming Forms and Instructions

The diagram "Illustration of Claim Forms" provides a graphical presentation of forms required to be filed with a claim. A claimant may submit a computer generated report in substitution for forms AB-1.1, AB-1.2, AB-1.3, and AB-2 provided the format of the report and data fields contained within the report are identical to the claim forms included in these instructions. The claim forms provided with these instructions should be duplicated and used by the claimant to file estimated or reimbursement claims. The State Controller's Office will revise the manual and claim forms as necessary. In such instances, new replacement forms will be mailed to claimants.

A. Form AB-2, Component/Activity Cost Detail

This form is used to segregate the detailed costs by claim component. A separate form AB-2 must be completed for each cost component being claimed. Costs reported on this form must be supported as follows:

(1) Salaries and Benefits

Identify the employee(s), and/or show the classification of the employee(s) involved. Describe the mandated functions performed by each employee and specify the actual time spent, the productive hourly rate, and related fringe benefits.

Source documents required to be maintained by the claimant may include, but are not limited to, employee time records that show the employee's actual time spent on this mandate.

(2) Materials and Supplies

Only expenditures that can be identified as a direct cost of this mandate may be claimed. List the cost of materials consumed or expended specifically for the purpose of this mandate.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders, and other documents evidencing the validity of the expenditures.

(3) Contracted Services

Contracting costs are reimbursable to the extent that the function to be performed requires special skill or knowledge that is not readily available from the claimant's staff or the service to be provided by the contractor is cost effective.

Give the name(s) of the contractor(s) who performed the services. Describe the activities performed by each named contractor, actual time spent on this mandate, inclusive dates when services were performed, and itemize all costs for services performed. Attach consultant invoices with the claim.

Source documents required to be maintained by the claimant may include, but are not limited to, contracts, invoices, and other documents evidencing the validity of the expenditures.

For audit purposes, all supporting documents must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. When no funds are appropriated for the initial claim at the time the claim was filed, supporting documents must be retained for two years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

B. Forms AB-1.1, 1.2, 1.3, Claim Summary

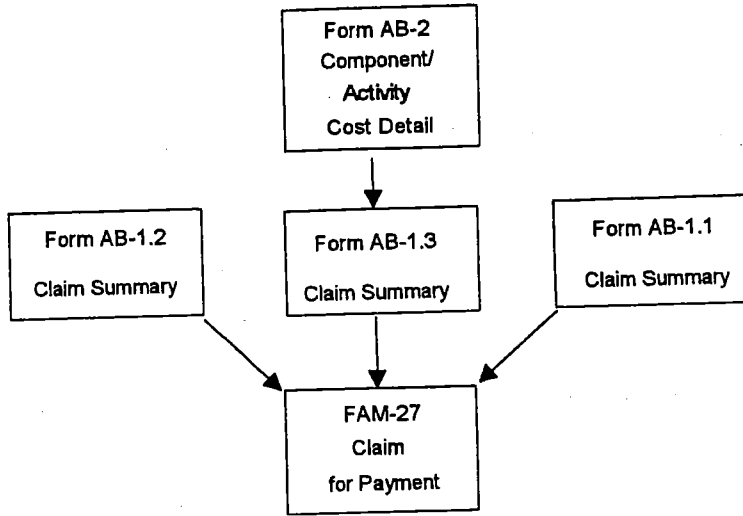
These forms are used to summarize costs for the mandate. Claim statistics shall identify the work performed for costs claimed. On forms AB-1.2 and AB-1.3 the claimant must show the following: (1) The number of ballots cast from 1/1/75 through 12/30/78, (2) the number of absentee ballots filed from 1/1/75 through 12/30/78, (3) the number of ballots cast in the fiscal year of claim, (4) the number of absentee ballots cast in the fiscal year of claim. Direct costs on form AB-1.3 are brought forward from form AB-2.

Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits. If an indirect cost rate greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim. If more than one department is involved in the mandated program, each department must have its own ICRP.

C. Form FAM-27, Claim for Payment

This form contains a certification that must be signed by an authorized representative of the local agency. All applicable information from form AB-1.1, AB-1.2, or AB-1.3 must be carried forward to this form for the State Controller's Office to process the claim for payment.

Illustration of Claim Forms



CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
ABSENTEE BALLOTS

For State Controller Use Only

(19) Program Number 00002
 (20) Date File ____/____/____
 (21) LRS Input ____/____/____

L
A
B
E
L

H
E
R
E

(01) Claimant Identification Number		Reimbursement Claim Data	
(02) Mailing Address		(22) AB-1.1, (03)	
Claimant Name		(23) AB-1.1, (06)	
County of Location		(24) AB-1.2, (03)(a)	
Street Address or P. O.. Box		(25) AB-1.2, (03)(b)	
City	State	Zip Code	(26) AB-1.2, (03)(c)
Type of Claim	Estimated Claim	Reimbursement Claim	(27) AB-1.2, (03)(d)
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(28) AB-1.2, (05)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(29) AB-1.3, (03)(a)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(30) AB-1.3, (03)(b)
Fiscal Year of Cost	(06) 19__/19__	(12) 19__/19__	(31) AB-1.3, (03)(c)
Total Claimed	(07)	(13)	(32) AB-1.3, (03)(d)
Less: 10% Late Penalty, but not to exceed \$1000		(14)	(33) AB-1.3, (04)(d)
Less: Estimated Claim Payment		(15)	(34) AB-1.3, (05)
Net Claimed Amount		(16)	(35)
Due from State	(08)	(17)	(36)
Due to State		(18)	(37)

(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 77, Statutes of 1978, and Chapter 920, Statutes of 1994; and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 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 program mandated by Chapter 77, Statutes of 1978, and Chapter 920, Statutes of 1994.

The amounts 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 77, Statutes of 1978, and Chapter 920, Statutes of 1994, set forth on the attached statements.

Signature of Authorized Representative _____ Date _____

Type or Print Name _____ Title _____

(39) Name of Contact Person for Claim _____ Telephone Number _____ Ext. _____

ABSENTEE BALLOTS
Certification Claim Form
Instructions

FORM
FAM-27

- (01) Leave blank.
- (02) A set of mailing labels with the claimant's I.D. number and address has been enclosed with the claiming instructions. The mailing labels are designed to speed processing and prevent common errors that delay payment. Affix a label in the place shown on form FAM-27. Cross out any errors and print the correct information on the label. Add any missing address items, except county of location and a person's name. If you did not receive labels, print or type your agency's mailing address.
- (03) If filing an original estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing an original estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended or combined claim, enter an "X" in the box on line (05) Amended. Leave boxes (03) and (04) blank.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of estimated claim. If estimate exceeds the previous fiscal year's actual costs by more than 10%, complete form AB-1.1, 1.2, or 1.3, as applicable, and enter the total claimed amount.
- (08) Enter the same amount as shown in line (07).
- (09) If filing an original reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing an original reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended or a combined claim on behalf of districts within the county, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of reimbursement claim from form AB-1.1, 1.2, or 1.3.
- (14) Filing Deadline. Initial Claims of Chs. 77178 and 920/94. If the reimbursement claim for fiscal year 1996/97 is filed after June 17, 1998, the claim must be reduced by a late penalty. Enter the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- Filing Deadline. Annually Thereafter. If the reimbursement claim is filed after November 30 following the fiscal year in which costs were incurred, the claim must be reduced by a late penalty. Enter the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- (15) If you are filing a reimbursement claim and have previously filed an estimated claim for the same fiscal year, enter the amount received for the estimated claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16) Net Claimed Amount is positive, enter that amount on line (17) Due from State.
- (18) If line (16) Net Claimed Amount is negative, enter that amount in line (18) Due to State.
- (19) to (21) Leave blank.
- (22) to (37) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (34) for the reimbursement claim [e.g., AB-1.3, (03)(a), means the information is located on form AB-1.3, line (03)(a). Enter the information on the same line but in the right-hand column as applicable. Cost information should be rounded to the nearest dollar, (i.e., no cents). Indirect cost percentage should be shown as a whole number and without the percent symbol (i.e., 35% should be shown as 35). The claim cannot be processed for payment unless this data block is correct and complete.
- (38) Read the statement "Certification of Claim." If the statement is true, the claim must be dated, signed by the agency's authorized representative and must include the person's name and title, typed or printed. Claims cannot be paid unless accompanied by a signed certification.
- (39) Enter the name of the person and telephone number that this office should contact if additional information is required.
- SUBMIT A SIGNED ORIGINAL AND A COPY OF FORM FAM-27, AND A COPY OF ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:**
- | | |
|--|---|
| <p><i>Address, if delivered by
U. S. Postal Service:</i></p> <p>OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursement Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250</p> | <p><i>Address, if delivered by
other delivery service:</i></p> <p>OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursement Section
 Division of Accounting and Reporting
 3301 C Street, Suite 501
 Sacramento, CA 95816</p> |
|--|---|

MANDATED COSTS ABSENTEE BALLOTS CLAIM SUMMARY		FORM AB-1.1
(01) Claimant	(02) Type of Claim	Fiscal Year
	Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	19 ___/19 ___
Select Method 1, or 2 for Claiming Reimbursable Costs		
Method 1 This method is applicable when all calculations are done by the county election official then the local agency is billed for the cost of election services.		
(03) Amount billed by the county for election costs (attach billing statement)		
Method 2 In this method the percentage increase in absentee ballots is assumed to be uniform throughout the county so county-wide figures are used to determine the percentage of reimbursable costs.		
(04) Obtain data from the county election official on the number of reimbursable absentee ballots (attach the county's calculation)		
(05) Number of absentee ballots cast in the fiscal year		
(06) Amount billed by the county		
(07) Increased Costs		[Line (06) x (line (04) ÷ line (05))]
(08) Increased Costs		[From line (03) or line (07)]
Cost Reduction		
(09) Less: Offsetting Savings, if applicable		
(10) Less: Other Reimbursements, if applicable		
(11) Total Claimed Amount		[Line (08) - (Line (09) + Line (10))]

ABSENTEE BALLOTS CLAIM SUMMARY Instructions	FORM AB-1.1
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Fill in (01), (02), and (08) through (11) for all methods. Fill in (03) for method 1 only. Fill in (04) through (07) for method 2 only.

- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs. Form AB-1.1 must be filed for a reimbursement claim. Do not complete form AB-1.1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form AB-1.1 must be completed and a statement attached explaining the increased costs. Without this information, the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Amount billed by the county for election costs. Enter the amount billed by the county and attach a copy of the billing statement.
- (04) Enter the data obtained from the county election official on the number of reimbursable absentee ballots and attach a copy of the county's calculation showing how this amount was derived.
- (05) Number of absentee ballots cast in the fiscal year. Enter the number of ballots that were cast in the fiscal year.
- (06) Amount billed by the county. Enter the amount that was billed by the county.
- (07) Increased Costs. Multiply line (06) by the quotient derived from dividing line (04) by line (05).
- (08) Increased Costs. Enter the amount of increased costs from line (03), if using method 1, or line (07), if using method 2.
- (09) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source, including but not limited to service fees collected, federal funds, or other state funds which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10), from Increased Costs, line (08). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim, or line (13) for the Reimbursement Claim.

MANDATED COSTS ABSENTEE BALLOTS CLAIM SUMMARY		FORM AB-1.2
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 19 ___/19 ___
Method 3 This method requires the local agency to have data on the number of ballots and absentee ballots filed.		
Claim Statistics		
(03)(a) Number of ballots cast from 1/1/75 through 12/30/78		
(b) Number of absentee ballots cast from 1/1/75 through 12/30/78		
(c) Number of ballots cast in the fiscal year of claim		
(d) Number of absentee ballots cast in the fiscal year of claim		
(04) Number of Reimbursable Absentee Ballots Filed [Line (03)(d) - (line(03)(b) x line (03)(c) ÷ line (03)(a))]		
(05) Amount Billed by County (attach billing statement)		
(06) Increased Costs		[Line (05) x (line (04) ÷ line (03)(d))]
Cost Reduction		
(07) Less: Offsetting Savings, if applicable		
(08) Less: Other Reimbursements, if applicable		
(09) Total Claimed Amount		[Line (06) - (line (07) + line (08))]

ABSENTEE BALLOTS CLAIM SUMMARY Instructions	FORM AB-1.2
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs. Form AB-1.2 must be filed for a reimbursement claim. Do not complete form AB-1.2 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form AB-1.2 must be completed and a statement attached explaining the increased costs. Without this information, the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) (a) Enter the number of ballots that were cast from January 1, 1975 through December 30, 1978.
 (b) Enter the number of absentee ballots cast from January 1, 1975 through December 30, 1978.
 (c) Enter the number of ballots that were cast in the fiscal year of claim.
 (d) Enter the number of absentee ballots cast in the fiscal year of claim.
- (04) Number of Reimbursable Absentee Ballots Filed. Enter the difference of the number of absentee ballots cast in the fiscal year of claim, line (03)(d), and the result of multiplying the number of absentee ballots cast from 1/1/75 to 12/30/78, line (03)(b), by the number of ballots cast in the fiscal year of claim, line (03)(c), and dividing by the number of ballots cast from 1/1/75 to 12/30/78, line (03)(a).
- (05) Amount Billed by County. Enter the amount that was billed to the school district by the county. Attach a copy of the billing statement.
- (06) Increased Costs. Enter the result of multiplying the amount billed by the county, line (05), by the quotient from dividing the number of reimbursable absentee ballots filed, line (04), by the number of absentee ballots cast in the fiscal year of claim, line (03)(d).
- (07) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (08) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source, including but not limited to service fees collected, federal funds, or other state funds which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (09) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (07), and Other Reimbursements, line (08), from Increased Costs, line (06). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim, or line (13) for the Reimbursement Claim.

MANDATED COSTS ABSENTEE BALLOTS CLAIM SUMMARY	FORM AB-1.3
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(01) Claimant	(02) Type of Claim	Fiscal Year
	Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	19__/19__

Method 4
 This method is used where the local agency administers its own elections and information on the number of ballots, absentee ballots, and the cost per ballot is readily available.

(03)(a) Number of ballots cast from 1/1/75 - 12/30/78	
(b) Number of absentee ballots cast from 1/1/75 - 12/30/78	
(c) Number of ballots cast in the fiscal year of claim	
(d) Number of absentee ballots cast in the fiscal year of claim	

Direct Costs	Object Accounts			
(04) Total cost of absentee ballots in the fiscal year of claim	(a) Salaries	(b) Benefits	(c) Services and Supplies	(d) Total

Indirect Costs	
(05) Indirect Cost Rate	[From ICRP] %
(06) Total Indirect Costs	[Line (05) x line (04)(a)] or [line (05) x {line (04)(a) + line (04)(b)}]
(07) Total Cost of Absentee Ballots in the Fiscal Year of Claim	[Line (04)(d) + line (06)]
(08) Cost per Absentee Ballot in the Fiscal Year of Claim	[Line (07) ÷ line (03)(d)]
(09) Number of Additional Absentee Ballot Filings	[Line (03)(d) - {line (03)(b) x line (03)(c) ÷ line (03)(a)}]
(10) Total Cost of Additional Absentee Ballot Filings	[Line (08) x line (09)]

Cost Reduction	
(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Claimed Amount	[Line (10) - {line (11) + line (12)}]

**ABSENTEE BALLOTS
CLAIM SUMMARY
Instructions**

**FORM
AB-1.3**

- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement, or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or are to be incurred. Form AB-1.3 must be filed for a reimbursement claim. Do not complete form AB-1.3 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form AB-1.3 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) (a) Enter the number of ballots cast from 1/1/75 to 12/30/78.
 (b) Enter the number of absentee ballots cast from 1/1/75 to 12/30/78.
 (c) Enter the number of ballots cast in the fiscal year of claim.
 (d) Enter the number of absentee ballots cast in the fiscal year of claim.
- (04) Total cost of absentee ballots in the fiscal year of claim. Enter the total costs from form AB-2, line (05) columns (d), (e), and (f) to form AB-1.3, block (04) columns (a), (b), and (c) in the appropriate row. Total the row.
- (05) Indirect Cost Rate. Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim. If more than one department is reporting costs, each must have their own ICRP for the program.
- (06) Total Indirect Costs. Multiply Total Salaries, line (04)(a) by the Indirect Cost Rate, line (05). If both salaries and benefits were used in the distribution base for the computation of the indirect cost rate, then multiply Total Salaries and Benefits, line (04)(a) and line (04)(b) by the Indirect Cost Rate, line (05).
- (07) Total Cost of Absentee Ballots in the Fiscal Year of Claim. Enter the sum of Total Direct Costs, line (04)(d) and Total Indirect Costs, line (06).
- (08) Cost per Absentee Ballot in the Fiscal Year of Claim. To determine the cost per absentee ballot in the fiscal year of claim, enter the result of dividing line (07) by line (03)(d).
- (09) Number of Additional Absentee Ballot Filings. To determine the number of additional absentee ballot filings which are reimbursable, multiply the number of absentee ballots cast from 1/1/75 to 12/30/78, line (03)(b) by the number of ballots cast in the fiscal year of claim, line (03)(c). Divide that product by the number of ballots cast from 1/1/75 to 12/30/78, line (03)(a). Subtract the quotient from the number of ballots cast in the fiscal year of claim, line (03)(d). Enter the difference as the number of additional ballot filings.
- (10) Total Cost of Additional Absentee Ballot Filings. Enter the product of multiplying line (08) by line (09).
- (11) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (12) Less: Other Reimbursements, if applicable. If the county provides absentee ballots to other local agencies and school districts within the county and is reimbursed for these costs, enter the amount of reimbursements received. Also, enter other reimbursements received from any source including but not limited to, service fees collected, federal funds, other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule of detailed reimbursements with the claim.
- (13) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (11), and Other Reimbursements line (12), from Total Cost of Additional Absentee Ballot Filings, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim, or line (13) for the Reimbursement Claim.

MANDATED COSTS ABSENTEE BALLOTS COMPONENT/ACTIVITY COST DETAIL	FORM AB-2
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(01) Claimant	(02) Fiscal Year Costs Were Incurred
---------------	--------------------------------------

(03) Total Cost of Absentee Ballots in the fiscal year of claim

(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) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies

(05) Total <input style="width: 40px;" type="text"/> Subtotal <input style="width: 40px;" type="text"/> Page: _____ of _____					
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<p>ABSENTEE BALLOTS COMPONENT/ACTIVITY COST DETAIL Instructions</p>	<p>FORM AB-2</p>
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year in which costs were incurred.
- (03) Leave blank.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs on form AB-1.3, line (04). To detail costs for the component activity box "checked" in line (03), enter the employee name(s), position title(s), a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, and contracted services. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed. If the descriptions are incomplete, the claim cannot be processed for payment.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. Such documents shall be made available to the State Controller's Office on request.

Object/ Subobject	Columns						Submit these supporting documents
	(a)	(b)	(c)	(d)	(e)	(f)	
Salaries	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked			
Benefits	Title Activities Performed	Benefit Rate			Benefits = Benefit Rate x Salaries		
Services and Supplies Office Supplies	Description of Supplies Used	Unit Cost	Quantity Used			Cost = Unit Cost x Quantity	
Contracted Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service			Itemized Cost of Services	Invoice

- (05) Total line (04), columns (d), (e), and (f) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed for the component/activity, number each page. Enter the totals from line (05), columns (d), (e), and (f) to form AB-1.3, block (04), columns (a), (b), and (c).

EXHIBIT E

<p>CLAIM FOR PAYMENT</p> <p>Pursuant to Government Code Section 17561</p> <p>ABSENTEE BALLOTS (LOCAL AGENCIES)</p>	For State Controller Use Only
(19) Program Number 0041	/ /
(20) Date Filed	/ /
(21) LRS Input	/ /

(01) Claimant Identification Number: **9943**

(02) Mailing Address

FIRM 1

AUDITOR-CONTROLLER
COUNTY OF SANTA CLARA
70 W. HEDDING ST., EAST WING
SAN JOSE, CA. 95110

Reimbursement Claim Data	
(22) AB-1.1, (03)	
(23) AB-1.1, (06)	
(24) AB-1.2, (03)a	
(25) AB-1.2 (03)(b)	
(26) AB-1.2 (03)(c)	
(27) AB-1.2(03)(d)	

Type of Claim	Estimated Claim		Reimbursement Claim			
	(03) Estimated		(09) Reimbursement			
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(28) AB-1.2, (05)	
	(04) Combined		(10) Combined		(29) AB-1.3(03)(e)	2,056,005
	(05) Amended		(11) Amended		(30) AB-1.3(03)(b)	75,307
Fiscal Year of Cost	(06) 2001/2002	(12) 2000/2001	(31) AB-1.3(03)(c)			557,959
Total Claimed	(07) 400,000	(13) 759,193	(32) AB-1.3(03)(d)			125,462
Less: 10% Late Penalty, but not to exceed \$1000		(14) -	(33) AB-1.3(04)(d)			647,611
Less: Prior Claim Payment Received		(15) 341,580	(34) AB-1.3(05)			104
Net Claimed Amount		(16) 417,613	(35)			
Due from State	(08) 400,000	(17) 417,613	(36)			
Due to State		(18)	(37)			

(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 77, Statutes of 1978 and Chapter 920, Statutes of 1994; and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.

I further certify that there was no applications for nor any grant or payments received, other than from the claimant, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 77, statutes of 1978, and chapter 920, Statutes of 1994.

The amounts 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 77, Statutes of 1978, and Chapter 920, Statutes of 1994, set forth on the attached statements.

Signature of Authorized Representative

Date

Carolina R. Gomez
 CAROLINA R. GOMEZ

12/3/01

Type or Print Name

ACCOUNTANT III
 Title

(39) Name of Contact Person for Claim

CAROLINA R. GOMEZ

070

Telephone 408-299-2161 x #2020
 Email Address: Carolina.Gomez@rov.CO.Santa-Clara.CA.US

MANDATED COSTS ABSENTEE BALLOTS CLAIM SUMMARY			FORM AB-1.3	
(01) Claimant COUNTY OF SANTA CLARA	(02) Type of Claim Reimbursement Estimated	Fiscal Year 2000/2001		
Method 4 This method is used where the local agency administers its own elections and information on the number of ballots, absentee ballots, and the cost per ballot is readily available.				
(03) (a) Number of ballots cast from 01/01/75 through 12/30/78			2,056,005	
(b) Number of Absentee ballots cast from 01/01/75 through 12/30/78			75,307	
© Number of ballots cast in the fiscal year of claim			557,959	
(d) Number of absentee ballots cast in the fiscal year of claim			125,462	
Direct Costs		Object Accounts		
(04) Total Cost of Absentee Ballots in the Fiscal Year of Claim	(a)	(b)	©	(d)
	Salaries	Benefits	Services and Supplies	Total
	218,112	31,581	397,918	647,611
Indirect Costs				
(05) Indirect Cost Rate			[From ICRP]	103.85%
(06) Total Indirect Costs			[Line (05) x line (04)(a)] or [line (05) x {line (04)(a) + line (04)(b)}]	259,314
(07) Total Cost of Absentee Ballots in the Fiscal Year of Claim			[Line (04)(d)+line (06)]	906,925
(08) Cost per Absentee Ballot in the Fiscal Year of Claim			[Line (07) / line (03)(d)]	7.23
(09) Number of Additional Absentee Ballot Filings			[line(03)(d)-[line (03)(b) x line (03)© + line (03)(a)]]	105,025
(10) Total Cost of Additional Absentee Ballot Filings			[Line (08) x line (09)]	759,193
Cost Reduction				
(11) Less: Offsetting Savings, if applicable			-	
(12) Less: Other Reimbursements, if applicable			-	
(13) Total Claimed Amount			[Line (10) - (line (11) + line (12))]	759,193

**MANDATED COSTS
ABSENTEE BALLOTS
COMPONENT/ACTIVITY COST DETAIL**

Form
AB-2

(01) Claimant: **COUNTY OF SANTA CLARA** (02) Fiscal Year Costs Were Incurred: **2000-2001**

(03) Reimbursable Component: Total Cost of Absentee Ballots in the Fiscal Year of Claim

(04) Description of Expenses: Complete columns (a) through (f)			Object Accounts				
(a) Employee Names, Job Classifications, Functions Performed, and Description of Services and Supplies	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies		
PERMANENT EMPLOYEES							
BROWN, D CT	Regular \$ 20.38	10.0	\$ 203.80	\$ 66.16			
	Overtime \$ 30.57	28.0	\$ 855.96	\$ 88.76			
LE, B. FLOATER	Regular \$ 26.19	298.8	\$ 7,825.57	\$ 3,310.06		s e e a t t a c h m e n t	
	Overtime \$ 39.29	91.1	\$ 3,578.86	\$ 371.13			
LE, N. CT	Regular \$ 16.96	48.0	\$ 814.08	\$ 439.36			
	Overtime \$ 25.44	10.0	\$ 254.40	\$ 26.38			
MARTINEZ, A CT	Regular \$ 23.72	6.0	\$ 142.32	\$ 44.30			
	Overtime \$ 35.58	16.0	\$ 569.28	\$ 59.03			
PARMANAND CT	Regular \$ 18.60	32.0	\$ 595.20	\$ 376.04			
	Overtime \$ 27.90	35.5	\$ 990.45	\$ 102.71			
SINGH, W. CT	Regular \$ 20.50	-	\$ -	\$ -			
	Overtime \$ 30.75	103.0	\$ 3,167.25	\$ 328.44			
TEFTT ABS. SPVSR.	Regular \$ 27.80	771.0	\$ 21,433.80	\$ 7,836.29			
	Overtime \$ 41.70	-	\$ -	\$ -			
OTHER MISC CT	Regular \$ 20.38	23.8	\$ 485.04	\$ 157.46			
	Overtime \$ 30.57	-	\$ -	\$ -			
Sub - total		1,473.2	\$ 40,916.02	\$ 13,206.14			
EXTRA HELP							
ADAMS CT	Regular \$ 12.82	421.0	\$ 5,397.22	\$ 559.69			
	Overtime \$ 19.23	112.7	\$ 2,167.22	\$ 224.74			
CARABAJAL OC	Regular \$ 12.18	2.0	\$ 24.36	\$ 2.53			
	Overtime \$ 18.27	7.5	\$ 137.03	\$ 14.21			
CARRASCO OC	Regular \$ 12.18	236.4	\$ 2,879.35	\$ 298.59			
	Overtime \$ 18.27	56.4	\$ 1,030.43	\$ 106.86			
CASTRO OC	Regular \$ 12.18	164.5	\$ 2,003.61	\$ 207.77			
	Overtime \$ 18.27	49.8	\$ 909.85	\$ 94.35			
CHANG G. OC	Regular \$ 12.18	351.0	\$ 4,275.18	\$ 443.34			
	Overtime \$ 18.27	88.1	\$ 1,609.59	\$ 166.91			
CHUNG OC	Regular \$ 12.18	6.0	\$ 73.08	\$ 7.58			
	Overtime \$ 18.27	12.0	\$ 219.24	\$ 22.74			
CIZNEROZ OC	Regular \$ 12.18	2.0	\$ 24.36	\$ 2.53			
	Overtime \$ 18.27	-	\$ -	\$ -			
CLARK CT	Regular \$ 12.82	9.0	\$ 115.38	\$ 11.96			
	Overtime \$ 19.23	2.5	\$ 48.08	\$ 4.95			
CUELLAR OC	Regular \$ 12.18	366.5	\$ 4,463.97	\$ 462.91			
	Overtime \$ 18.27	127.6	\$ 2,331.25	\$ 241.75			
ESPINO OC	Regular \$ 12.18	301.8	\$ 3,675.92	\$ 381.19			
	Overtime \$ 18.27	108.6	\$ 1,984.12	\$ 205.75			
FILIPPONE ACT	Regular \$ 14.44	368.0	\$ 5,313.92	\$ 551.05			
	Overtime \$ 21.66	42.5	\$ 920.55	\$ 95.46			
GAMEZ OC	Regular \$ 12.18	130.2	\$ 1,585.84	\$ 164.45			
	Overtime \$ 18.27	43.3	\$ 791.09	\$ 82.04			
GUPTA OC	Regular \$ 12.18	140.0	\$ 1,705.20	\$ 176.83			
	Overtime \$ 18.27	49.0	\$ 895.23	\$ 92.84			
HENEBRY OC	Regular \$ 12.18	397.5	\$ 4,841.55	\$ 502.07			
	Overtime \$ 18.27	169.5	\$ 3,096.77	\$ 321.14			
HERRERA OC	Regular \$ 12.18	4.0	\$ 48.72	\$ 5.05			
	Overtime \$ 18.27	8.0	\$ 146.16	\$ 15.16			
HICKEY CT	Regular \$ 12.82	390.5	\$ 5,006.21	\$ 519.14			
	Overtime \$ 19.23	122.5	\$ 2,355.68	\$ 244.28			
(05) Total [] Subtotal [X]		5,763.6	\$ 100,992.16	\$ 19,436.00			

(a) Employee Names, Job Classifications, Functions Performed, and Description of Services and Supplies			(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies
JOHNSON	OC	Regular	\$ 12.18	296.5	\$ 3,611.37	\$ 374.50	
		Overtime	\$ 18.27	87.5	\$ 1,598.63	\$ 165.78	
KAHAI	OC	Regular	\$ 12.18	326.0	\$ 3,970.68	\$ 411.76	
		Overtime	\$ 1.83	52.7	\$ 962.83	\$ 99.85	
KALILOA	OC	Regular	\$ 12.18	262.9	\$ 3,202.12	\$ 332.06	
		Overtime	\$ 18.27	37.2	\$ 679.64	\$ 70.48	
KELLEY	OC	Regular	\$ 12.18	262.0	\$ 3,191.16	\$ 330.92	
		Overtime	\$ 18.27	57.9	\$ 1,057.83	\$ 109.70	
KENT	OC	Regular	\$ 12.18	320.5	\$ 3,903.69	\$ 404.81	
		Overtime	\$ 18.27	113.5	\$ 2,073.65	\$ 215.04	
KNIGHT	OC	Regular	\$ 12.18	284.5	\$ 3,465.21	\$ 359.34	
		Overtime	\$ 18.27	82.0	\$ 1,498.14	\$ 155.36	
LELAND	CT	Regular	\$ 12.82	453.0	\$ 5,807.46	\$ 602.23	
		Overtime	\$ 19.23	68.7	\$ 1,321.10	\$ 137.00	
LOPEZ	OC	Regular	\$ 12.18	50.5	\$ 615.09	\$ 63.78	
		Overtime	\$ 18.27	2.2	\$ 40.19	\$ 4.17	
MALONE	OC	Regular	\$ 12.18	67.0	\$ 816.06	\$ 84.63	
		Overtime	\$ 1.83	1.3	\$ 23.75	\$ 2.46	
MANDEL	CT	Regular	\$ 12.82	337.0	\$ 4,320.34	\$ 448.02	
		Overtime	\$ 19.23	94.3	\$ 1,813.39	\$ 188.05	
MANNING	OC	Regular	\$ 12.18	280.7	\$ 3,418.93	\$ 354.54	
		Overtime	\$ 18.27	84.8	\$ 1,549.30	\$ 160.66	
MARTINSEN	OC	Regular	\$ 12.18	59.5	\$ 724.71	\$ 75.15	
		Overtime	\$ 18.27	4.5	\$ 82.22	\$ 8.53	
MARTINSEN	OC	Regular	\$ 12.18	2.0	\$ 24.36	\$ 2.53	
		Overtime	\$ 18.27	-	\$ -	\$ -	
MCKIERNAN	OC	Regular	\$ 12.18	337.7	\$ 4,113.19	\$ 426.54	
		Overtime	\$ 18.27	131.8	\$ 2,407.99	\$ 249.71	
MOGLIOLO	OC	Regular	\$ 12.18	273.5	\$ 3,331.23	\$ 345.45	
		Overtime	\$ 18.27	75.2	\$ 1,373.90	\$ 142.47	
NAIR	OC	Regular	\$ 12.18	288.0	\$ 3,507.84	\$ 363.76	
		Overtime	\$ 18.27	144.2	\$ 2,634.53	\$ 273.20	
NAKAGAMI	OC	Regular	\$ 12.18	263.0	\$ 3,203.34	\$ 332.19	
		Overtime	\$ 18.27	137.7	\$ 2,515.78	\$ 260.89	
OJEDA	CT	Regular	\$ 12.82	10.0	\$ 128.20	\$ 13.29	
		Overtime	\$ 19.23	2.0	\$ 38.46	\$ 3.99	
PEDRAZA	OC	Regular	\$ 12.18	2.0	\$ 24.36	\$ 2.53	
		Overtime	\$ 18.27	-	\$ -	\$ -	
PIZARRO	OC	Regular	\$ 12.18	74.5	\$ 907.41	\$ 94.10	
		Overtime	\$ 18.27	0.5	\$ 9.14	\$ 0.95	
RABE	OC	Regular	\$ 12.18	360.0	\$ 4,384.80	\$ 454.70	
		Overtime	\$ 18.27	111.3	\$ 2,033.45	\$ 210.87	
REGALA	OC	Regular	\$ 12.18	229.0	\$ 2,789.22	\$ 289.24	
		Overtime	\$ 18.27	54.0	\$ 986.58	\$ 102.31	
RHINE	OC	Regular	\$ 12.18	306.0	\$ 3,727.08	\$ 386.50	
		Overtime	\$ 18.27	60.5	\$ 1,105.34	\$ 114.62	
ROSE	OC	Regular	\$ 12.18	360.3	\$ 4,388.45	\$ 455.08	
		Overtime	\$ 18.27	0.4	\$ 7.31	\$ 0.76	
SANTORO	OC	Regular	\$ 12.18	61.0	\$ 742.98	\$ 77.05	
		Overtime	\$ 18.27	4.5	\$ 82.22	\$ 8.53	
SOWDON	CT	Regular	\$ 12.82	3.0	\$ 38.46	\$ 3.99	
		Overtime	\$ 19.23	-	\$ -	\$ -	
STITES	OC	Regular	\$ 12.18	321.0	\$ 3,909.78	\$ 405.44	
		Overtime	\$ 18.27	119.5	\$ 2,183.27	\$ 226.40	
TAPIA	CT	Regular	\$ 12.82	2.0	\$ 25.64	\$ 2.66	
		Overtime	\$ 19.23	-	\$ -	\$ -	
OTHER MISC	OC	Regular	\$ 12.18	963.9	\$ 11,740.30	\$ 1,217.47	
		Overtime	\$ 18.27	274.1	\$ 5,007.81	\$ 519.31	
Subtotal Extra Help				12,950	\$177,196.02	\$18,375.19	
Supplies & Services (see attached schedule)							\$ 397,918
(05) Total [x]	Subtotal []			14,422.9	\$ 218,112	\$ 31,581	\$ 397,918

**COUNTY OF SANTA CLARA
REGISTRAR OF VOTERS
Absentee Ballots Claim
Schedule of Supplies & Services
Fiscal Year 2001**

DESCRIPTION	PRICE	QUANTITY	COST	SOURCE
MAINTENANCE				
Mail Machine Maintenance	\$ 730.00		\$730.00	V1401001
Meter Service	\$ 157.20		\$157.20	V1401241
TOTAL MAINTENANCE COST			\$887.20	V1401260
				\$887
OFFICE EXPENSE				
Official Ballots	\$ 0.07	141313	\$9,891.91	V1401250,1252,1317
				\$9,892
PROFESSIONAL SERVICES				
AV Ballot Processing -Spectrum			\$96,377.65	V1401299, 1539, 1540
				\$96,378
EQUIPMENT RENTAL				
Postage Meter			\$1,381.50	V1401007, 1465
Copier			\$1,936.55	V1401351,1238,1198+1220
TOTAL EQUIPMENT RENTAL			\$3,318.05	
				\$3,318
EXTERNAL PRINTING				
SAMPLE BALLOTS	\$ 0.75	141313	\$105,894.46	V1401297, 1359, 1222
				\$105,894
INTERNAL PRINTING				
Application, Permanent	\$ 0.04	2640	\$102.14	REQ. NO.
Application, AV Ballot -white	\$ 0.02	3500	\$69.94	93901
Application, AV Ballot - pink	\$ 0.03	2000	\$50.42	75195
Abs.Delivery Inst.Eng/Chin.	\$ 0.06	10,000	\$613.72	75196
Abs.Delivery Inst. Eng/Span.	\$ 0.04	130,000	\$5,309.44	93913
Abs.Deliverfy Inst. Eng/Viet.	\$ 0.06	10,000	\$607.17	93911
AVB Instructions 1/2 sheet	\$ 0.01	25,000	\$339.30	93912
Absentee - Sign Your Name	\$ 0.02	500	\$9.23	75296
AVS Batch Header	\$ 0.04	2,000	\$71.33	93903
Mail Ballot Letter	\$ 0.03	12,000	\$353.50	75194
Instruction Sheet	\$ 0.03	55,000	\$1,792.95	75197
Mailing Address Ltr-AV	\$ 0.04	2,000	\$84.21	77998
Returned Ballot Header	\$ 0.03	1,500	\$46.81	75198
Sign Return Envelope	\$ 0.13	1,400	\$180.73	93902
Blank Cards - White	\$ 0.02	1500	\$29.63	93910
Blank Cards - Green	\$ 0.02	1500	\$29.68	93904
Blank Cards - Blue	\$ 0.02	1,500	\$29.68	93906
Blank Cards - Pink	\$ 0.02	1,500	\$29.68	93905
Bank Cards - Gold	\$ 0.02	1,500	\$30.03	93907
Blank Cards - Canary	\$ 0.02	1,500	\$30.03	93908
Total InternalPrinting			\$9,809.62	93909
				\$9,810
SERVICES AND SUPPLIES-OTHER				
ENV.AV1-3	\$ 0.04	12,800	\$512.00	USAGE
ENV. AV2 WHITE/BLACK (2/99) INSIDE/RETURN	\$ 0.06	6,600	\$396.00	USAGE
ENV. AV2 BLUE (12/99)	\$ 0.05	12,200	\$610.00	USAGE
ENV.AV2SV WHITE/RED 12/99	\$ 0.06	1,300	\$78.00	USAGE
ENV. AV3 LG.- Yellow/Black (12/99)	\$ 0.13	6,000	\$780.00	USAGE
ENV. AV3SV3 LG. Yellow/Red	\$ 0.11	1,300	\$143.00	USAGE
STYLUS, AVB (Q PUNCHES) (Specialties Distributing I	\$ 0.01	200,000	\$2,706.00	USAGE
TONER, HP LASER JET 5SI ENV PRINTER (Office De	\$ 110.33	2	\$220.66	USAGE
INKJET Cartridge (OfficeDepot)	\$ 31.77	2	\$63.54	USAGE
INK, METER MACHINE, OZ (100 GMS = 3.53 OZ)	\$ 1.56	4 oz	\$6.24	USAGE
INK, METER MACHINE, ROLL (Triforce Solutions, Inc)	\$ 21.38	1	\$21.38	USAGE
STRIP LABEL, POSTAL TAPE (1000EA/PK) 10 PK/BC	\$ 0.00	12,500	\$32.13	USAGE
ENV#9 RETRN W/O POSTAGE, W/ROVE ret add inco	\$ 0.04	1,640	\$65.60	USAGE
ENV #10 WINDOW, w/ROV print	\$ 0.02	1,565	\$31.30	USAGE
ENV RV1-W 5 3/4 X 9 w/ROV ret add-nonperm rqst	\$ 0.08	740	\$59.20	USAGE
ENV RV1-W 5 3/4 X 9 w/ROV ret add-perm.reqsts	\$ 0.08	2,640	\$211.20	USAGE
ENV A-W (12/99) 5 3/4 X 9 No Window	\$ 0.04	1,075	\$43.00	USAGE
ENV., RVRP (12/99) Ret Addr 5 3/4 x 8 3/4 (Perm App)	\$ 0.05	2,640	\$132.00	USAGE
ENV. 6-1/2 x 9-1/2 KRAFT, clasp, plain (Vanguard Print	\$ 0.05	2,250	\$116.91	USAGE
ENV., WRITE-IN/DUP#10	\$ 0.10	150	\$15.00	USAGE
BLANK POSTCARDS (Perm AV prenotice) 3x5 contin.	\$ 0.02	8,800	\$176.00	USAGE
POSTCARDS (Mail ballot prenotice) 3x5 continuous db	\$ 0.02	9,000	\$180.00	USAGE
STORAGE BOX, 10X112X15 1/4	\$ 16.70	30	\$501.00	USAGE
FILE BOX, OXFORD (Stock #13)	\$ 15.97	85	\$1,357.45	USAGE
ENV. SURRENDERED ABSENTEE (Vanguard Printing	\$ 0.06	2,250	\$129.90	V1401261
ABSENTEE BALLOT BOXES (Madrigal Printing)	\$ 4.13	1,500	\$6,191.05	V1401356
OFFSET LABELS, 1/2 X 14 White (Madrigal Printing)	\$ 0.49	1,500	\$728.12	V1401356
TOTAL SERVICES & SUPPLIES-OTHERS			\$15,507.67	
				\$15,508

074

COUNTY OF SANTA CLARA
REGISTRAR OF VOTERS
Absentee Ballots Claim
Schedule of Supplies & Services
Fiscal Year 2001

DESCRIPTION	PRICE	QUANTITY	COST	SOURCE
ABSENTEE POSTAGE				
ABSENTEE BALLOTS MAIL LOG	\$ 1.41	14,823	\$20,832.58	ABS MAIL LOG
ABSENTEE METER LOG	\$ 0.85	8,754	\$7,438.36	ABS METER LOG
WAREHOUSE METER LOG	\$ 0.33	678	\$223.74	WAREHOUSE METER LOG
PERMIT MAILING-VOLUME PRESORTED	\$ 1.07	85,226	\$90,800.44	PERMIT MAILING REPORT
PERMIT MAILING-VOLUME UNSORTED	\$ 1.17	30,238	\$35,297.68	PERMIT MAILING REPORT
PERMIT MAILING-OVERFLOW MAIL	\$ 1.02	1,604	\$1,638.45	PERMIT MAILING REPORT
			\$156,231.25	
				\$156,231
TOTAL SUPPLIES & SERVICES				\$397,918

075



TriForce Solutions Inc.
 375 Meridian Av.
 San Jose, CA 95126

Phone: (408) 278-6900
 Fax: (408) 278-6901

BILL TO:

Santa Clara County Registrar of Voters
 Attn: TERRY MEDINA
 PO Box 1147
 San Jose CA 95108

SHIP TO

Santa Clara County Registrar of Voters
 Attn: SUE TEFFT
 1553 Berger Dr Bldg 2
 San Jose CA 95112

*6-29-2000
 MADHUR,
 Do you know what this is
 And why it's in my attention?
 TRAM*

Invoice

DATE	INVOICE #
6/27/2000	2579

P.O. NUMBER	TERMS	REP	DUE DATE	SHIP	VIA	F.O.B.
PR1792	Due on receipt	JD	6/27/2000	6/27/2000		S.P.

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
1	Serv. Con.	Service Agreement FROM 7/1/00 TO 6/30/01	730.00	730.00
		EQUIP COVERED: SEE ENCLOSED LIST		
		Sales Tax	8.25%	0.00

PLEASE RETURN ONE COPY WITH YOUR PAYMENT

We appreciate your prompt payment.

Total \$730.00

Invoice



TriForce Solutions Inc.

375 Meridian Av.
San Jose, CA 95126

Phone: (408) 278-6900
Fax: (408) 278-6901

DATE	INVOICE #
9/20/2000	2869

BILL TO

Santa Clara County Registrar of Voters
Attn: TERRY MEDINA
PO Box 1147
San Jose CA 95108

SHIP TO

Santa Clara County Registrar of Voters
Attn: SUE TEFFT
1553 Berger Dr Bidg 2
San Jose CA 95112

PO NUMBER	TERMS	REP	DUE DATE	SHIP	VIA	F.O.B.	
V1401161	Due on receipt	JD	9/20/2000	9/20/2000	Delivered	S.P.	
QUANTITY	ITEM CODE	DESCRIPTION			PRICE EACH	AMOUNT	
1	Labor	Labor: SEE ENCLOSED SERVICE ORDER			125.00	125.00	
1	41607115	Brush			29.75	29.75T	
		Sales Tax			8.25%	2.45	
<p><i>OK to pay (new postage machine) Sue</i></p>							
<p>PLEASE RETURN ONE COPY WITH YOUR PAYMENT</p>							
We appreciate your prompt payment.						Total	\$157.20

COUNTY OF SANTA CLARA
PAYMENT VOUCHER TRANSMITTAL

DAF - POI

Election Systems & Software, Inc
(Last Name, First, M.I., or Firm Name)

DEPT [3] **140**
PAYMENT VOUCHER NUMBER [8] **V140 1250**

DOCUMENT DATE **10/27/2000**
EFFECTIVE DATE
DUE DATE
MM DD YY
MM DD YY

SFX [2]	T/C [3]	INDEX [4]	ESBJ [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBJ [4]	RD [2]	GLA :JB ACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]
01	230	5605	2301														58,077.12	R
																	44,674.9	
																	3,283.89	R
																	43,116.7	

Official ballots / Cards
CR adjustment

SEP HDLG IND
DIRECT PAY AUTH. CODE
CONTRACT AUTH. #
TOTAL AMOUNT **54,793.25**

... VENDOR DATA ...
NUMBER [10] **71894** SFX [2]
NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table)
Election Systems & Software, Inc
NAME 2 [40]
ADDRESS [40]
CITY [29] STATE [2] ZIP [9]

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.
Madhve Bagla
APPROVAL FOR PAYMENT

IF ANY QUESTIONS:

CALL WILLIAM 299-8902 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

BY: _____ DEPUTY CONTROLLER
REFERENCE PAYMENT VOUCHER Number _____ Amount _____

BY: *W. Bagla* DEPT: _____ DATE ENTERED: **10/27/00**
REGISTRAR OF VOTERS

- FREQUENTLY USED TRANSACTION CODES
- 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
 - 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
 - 233 - Record/increase accounts payable previously encumbered
 - 234 - Record an accounts payable for a revenue refund - budgetary funds

034-78



ELECTION SYSTEMS & SOFTWARE, INC.

P.O. Box 3480
Omaha, NE 68103-0480
(800) 247-8683

NUMBER: 440749

PAGE #: 1

DATE: 09/30/00

SOLD TO: SANTA CLARA COUNTY, CALIFORNIA
 REGISTRAR OF VOTERS, MS. SUE T
 1553 BERGER DRIVE
 SAN JOSE, CA 95108

SHIP TO: SANTA CLARA COUNTY, CALIFORNIA
 REGISTRAR OF VOTERS, MS. SUE T
 1553 BERGER DRIVE
 SAN JOSE, CA 95108

124

ACCOUNT #	CUSTOMER PO #	TERMS
110221	LETTER, 10/7/00	NET 30 DAYS

ORDER #	ORDER ENTERED BY
0535991	TAM7 MAIONE

INQUIRIES: Addison (800) 800-0362
 SHIPPED VIA: UPS GROUND

QUANTITY	DESCRIPTION	UNIT PRICE	DISCOUNT	TOTAL
834,550	NOVEMBER 7, 2000 ELECTION 312 15-7/8", WHITE PER ATTACHED SPECS.	.0574	000.00	47,903.17
1	IMPRINT PLATE CHARGE	80.0000	000.00	80.00
375	CHANGE CHARGE - BALLOT STYLE	3.9500	000.00	1,481.25
1,139	CHANGE CHARGE - PRECINCT #'S	3.5000	000.00	3,986.50
1	SETUP CHARGE	200.0000	000.00	200.00
1	Discount - Freight	1,462.2400	000.00	1,462.24
	CALIFORNIA STATE TAX			3,809.69
	SANTA CLARA CO SALES TAX, CA			536.51
				.00
	SHIPPING & HANDLING:			1,462.24
	TOTAL AMOUNT DUE			50,077.12

COUNTY OF SANTA CLARA
PAYMENT VOUCHER TRANSMITTAL

Election Systems & Software, Inc
(Last Name, First, M.L., or Firm Name)

DOCUMENT DATE 10/27/2000
EFFECTIVE DATE
DUE DATE
MM DD YY MM DD YY MM DD YY

DEPT (3) 140
PAYMENT VOUCHER NUMBER (8) V140 1252

Table with columns: SFX, T/C, INDEX, ESBJ, ED, FAB, PCA, FUND, RSBJ, RD, GLA, UB, ACCT, PROJECT, PPH, GRANT, GPH, TASK, AMOUNT, R, REF DOC, RSFX, MOD, FAC, LOC, CRC, CI, DMI, FIO, MPC, INVOICE #, INVOICE DESCRIPTION. Includes handwritten entry: 01 230 5205 2301 Demand/Text ballot 442757 1,426.23

VENDOR DATA: NUMBER 71894, SFX [2], CONTRACT AUTH. # B2

NAME 1 [40] Election System & Software, Inc.
NAME 2 [40]
ADDRESS [40]
CITY [29], STATE [2], ZIP [9]

TOTAL AMOUNT 1,426.23

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.
Madhusree Ray (Signature)
APPROVAL FOR PAYMENT

IF ANY QUESTIONS:

CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

BY: DATE ENTERED: DEPT: REGISTRAR OF VOTERS 10/27/00

CLAIMANT

REFERENCE PAYMENT VOUCHER Number, Amount

DEPUTY CONTROLLER

FREQUENTLY USED TRANSACTION CODES

- 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
- 231 - Record/increase accounts payable not previously encumbered - non-budgetary GILA only
- 233 - Record/increase accounts payable previously encumbered
- 234 - Record an accounts payable for a revenue refund - budgetary funds

034-10



ELECTION SYSTEMS & SOFTWARE, INC.

**P.O. Box 3480
Omaha, NE 68103-0480
(800) 247-8683**

NUMBER: 442757

PAGE #: 1

DATE: 10/19/00

SOLD TO:

SANTA CLARA COUNTY, CALIFORNIA
REGISTRAR OF VOTERS, AL SALCED
1553 BERGER DRIVE
SAN JOSE, CA 95112

SHIP TO:

SANTA CLARA COUNTY, CALIFORNIA
REGISTRAR OF VOTERS, AL SALCED
1553 BERGER DRIVE
SAN JOSE, CA 95112

124

ACCOUNT # CUSTOMER PO # TERMS

110221

VERBAL

NET 30 DAYS

ORDER #

0540233

ORDER ENTERED BY: JAMI MOORE

INQUIRIES: Addison (800) 800-0362

SHIPPED VIA: BEST WAY - SURF

QUANTITY	DESCRIPTION	UNIT PRICE	DISCOUNT	TOTAL
20,000	312 15-7/8" DEMO GOLD, ENG/SPAN, STAPLED, 50'	.0515	000.00	1,030.00
	CALIFORNIA STATE TAX			74.68
	SANTA CLARA CO SALES TAX, CA			10.30
				.00
	SHIPPING & HANDLING:			311.25
	TOTAL AMOUNT DUE			1,426.23

COUNTY OF SANTA CLARA
PAYMENT VOUCHER TRANSMITTAL

DAF - PO1

Election systems & software, Inc
Vendor Name
(Last Name, First, M.I., or Firm Name)

DOCUMENT DATE MM DD YY 11/30/2000	EFFECTIVE DATE MM DD YY	DUE DATE MM DD YY
DEPT [3] 140		PAYMENT VOUCHER NUMBER [8] V1401317

SFX [2]	T/C [3]	INDEX [4]	ESBJ [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBJ [4]	RD [2]	GLA [4]	UB [6]	ACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]	
REF DOC [8]	RSFX [2]	MOD [1]	FAC [4]	LOC [6]	CRC [4]	CI [1]	DMI [1]	F/O [1]	INVOICE DESCRIPTION [30]												INVOICE # [14]
01	230	5605	2301											TEST BALLOTS					1,333.49		
																			444947		

*** VENDOR DATA ***

NUMBER [10] 71894	SFX [2] 2
NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table) <i>Election Systems & Software, Inc</i>	
NAME 2 [40]	
ADDRESS [40]	
CITY [29]	STATE [2]
ZIP [9]	
SEP HDLG IND	CONTRACT AUTH. #
DIRECT PAY AUTH. CODE	B2
TOTAL AMOUNT	1,333.49

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.
Madhvi Bagla

APPROVAL FOR PAYMENT

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

IF ANY QUESTIONS:
CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

DEPUTY CONTROLLER	CLAIMANT
BY:	BY:
DEPT:	DEPT:
DATE ENTERED:	DATE ENTERED:

REGISTRAR OF VOTERS *12/01/02*



ELECTION
SYSTEMS & SOFTWARE

ELECTION SYSTEMS & SOFTWARE, INC.

**P.O. Box 3480
Omaha, NE 68103-0480
(800) 247-8683**

NUMBER: 444949

PAGE #: 1

DATE: 10/31/00

SOLD TO:

SANTA CLARA COUNTY, CALIFORNIA
REGISTRAR OF VOTERS, ATTN: SUE
1555 BERGER DRIVE
SAN JOSE, CA 95108

SHIP TO:

SANTA CLARA COUNTY, CALIFORNIA
REGISTRAR OF VOTERS, ATTN: SUE
1555 BERGER DRIVE
SAN JOSE, CA 95108

124

ACCOUNT #	CUSTOMER PO #	TERMS
-----------	---------------	-------

110221

LETTER

NET 30 DAYS

ORDER #

0541847

ORDER ENTERED BY: JAMI MOORE

INQUIRIES: Addison (800) 800-0362

SHIPPED VIA: Best Way - Air

QUANTITY	DESCRIPTION	UNIT PRICE	DISCOUNT	TOTAL
10,900	NOVEMBER 7, 2000 312 15-7/8" WHITE SANTA CLARA COUNTY STYLE	.0574	000.00	625.66
16	CHANGE CHARGE - BALLOT STYL	3.9500	000.00	63.20
1	SET UP CHARGE	200.0000	000.00	200.00
	CALIFORNIA STATE TAX			49.94
	SANTA CLARA CO SALES TAX, CA			6.89
				.00
	SHIPPING & HANDLING:			387.80
	TOTAL AMOUNT DUE			1,333.49

*Received on 10/19/00
a- Sales - 11/29/00*

Approved for Payment

By _____

Date _____

SPECTRUM LTD

COUNTY OF SANTA CLARA
PAYMENT VOUCHER TRANSMITTAL

Vendor Name <small>(Last Name, First, MI., or Firm Name)</small>	DOCUMENT DATE	EFFECTIVE DATE	DUE DATE
MM DD YY	MM DD YY	MM DD YY	MM DD YY

DEPT [3]	140	PAYMENT VOUCHER NUMBER [8]	V1401299
AMOUNT	13	INVOICE #	114

SFX [2]	T/C [3]	INDEX [4]	ESBU [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBU [4]	RD [2]	GLA [4]	UB ACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]
REF DOC [8]		RSFX MOD [2]	FAC [4]	LOC [6]	CRCI CI [4]	MPIC [10]	DMI [11]	FIO [11]					INVOICE DESCRIPTION [30]					INVOICE # [14]	
01	230	5605	2585															4,214.26	
																		DE 910	

NUMBER [10]	SFX [2]	TOTAL AMOUNT
55154		4,214.26

... VENDOR DATA ...

NAME 1 [40] *SPECTRUM LTD*
 NAME 2 [40] *SPECTRUM LTD*
 ADDRESS [40]
 CITY [29]
 STATE [2]
 ZIP [9]

SEP HDLG IND
 CONTRACT AUTH. #
 DIRECT PAY
 AUTH. CODE

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.
Madeline Kelle
 APPROVAL FOR PAYMENT

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

IF ANY QUESTIONS:
 CALL WILLIAM 299-8302 AT X #2023
 I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

BY: _____ DEPT: _____ DATE ENTERED: _____
 DEPUTY CONTROLLER
 FREQUENTLY USED TRANSACTION CODES
 REFERENCE PAYMENT VOUCHER
 Number Amount

CLAIMANT

- 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
- 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
- 233 - Record/increase accounts payable previously encumbered

042-10

BY: *William* REGISTRAR OF VOTERS
 11/15/02
 C:\D-DRIVESTAR\FM\FV-green.123

PECTRUM LTD.

Invoice Duplicate

September 25, 2000

No: OE410

To: Santa Clara Elections
P.O. Box 1147
San Jose, CA 95108

Ref: Authorization from Kathryn Ferguson

For:	Ballot Folding	\$3,929.38
	Sales Tax @ .0725	\$284.88

Invoice Amount: \$4,214.26

Terms: Net Due Upon Receipt

DAF - PO1

COUNTY OF SANTA CLARA
PAYMENT VOUCHER TRANSMITTAL

SPECTRUM LTD
 (Last Name, First, M.I., or Firm Name)
 DOCUMENT DATE: 02/28/2001
 EFFECTIVE DATE: MM DD YY
 DUE DATE: MM DD YY

DEPT [3] **140**
 PAYMENT VOUCHER NUMBER [8] **V1401539**

SFX [2]	T/C [3]	INDEX [4]	ESBJ [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBJ [4]	RD [2]	GLA [4]	UB [5]	ACCT [5]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [9]	R [1]
01		233 5605	3991				0001												78,039.87	
		C99398 01 F																	30430	

Absentee process - Nov 7 '00 Election

TOTAL AMOUNT **78,039.87**

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

Madhu Babbar
APPROVAL FOR PAYMENT

IF ANY QUESTIONS:

CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

BY: *Madhu Babbar* DEPT: DATE ENTERED: 02/28/01

REGISTRAR OF VOTERS

- 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
- 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
- 233 - Record/increase accounts payable previously encumbered

C:\D:\DRIVE\STAR\FRMPV\green.123



**Invoice
Duplicate**

November 8, 2000

No: 30430

To: Santa Clara Elections
P.O. Box 1147
San Jose, CA 95108

Ref: Authorization from Kathryn Ferguson

For: Absentee Process for November 7, 2000 Election

Absentees processed and mailed as of 11/7/00		126,183
Outgoing Process	0.40	\$50,473.20
Incoming Process	0.25	\$31,545.75
Election Definition Setup		\$2,500.00
Subtotal		\$84,518.95
Sales Tax @ 0.0825		\$6,972.81
In-House Labor (Credit)		(\$13,451.89)
Invoice Amount:		\$78,039.87

Terms: Net Due Upon Receipt

DAF - PO1

COUNTY OF SANTA CLARA
PAYMENT VOUCHER TRANSMITTAL

SPECTRUM LTD

Vendor Name (Last Name, First, M.I., or Firm Name) **SPECTRUM LTD**
 DOCUMENT DATE **02/28/2001**
 EFFECTIVE DATE **02/28/2001**
 DUE DATE **0001**

DEPT [3] **140**
 PAYMENT VOUCHER NUMBER [8] **V140 1540**

SFX [2]	TIC [3]	INDEX [4]	ESBJ [4]	ED [2]	FABC [3]	PCA [5]	FUND [2]	FD [2]	RSBJ [4]	RD [2]	GLA [4]	UB ACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [3]	R [1]	
01																				

INVOICE # [14] **14 123.52**
DE 4108

Cards with Stylus

TOTAL AMOUNT **14,123.52**

CONTRACT AUTH. #

SEP HDLG IND

SFX [2]

NUMBER [10] **55154**

NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table)

SPECTRUM LTD

NAME 2 [40]

ADDRESS [40]

CITY [29] STATE [2] ZIP [9]

THE ABOVE CLAIM IS APPROVED FOR PAYMENT
 SUBJECT TO THE AVAILABILITY OF FUNDS.

REFERENCE PAYMENT VOUCHER
 Number Amount

DEPUTY CONTROLLER

CLAIMANT

BY: DATE ENTERED:

William REGISTRAR OF VOTERS **02/28/01**

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

Madhu Bagla
 APPROVAL FOR PAYMENT

IF ANY QUESTIONS:

CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY

that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

FREQUENTLY USED TRANSACTION CODES

- 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
- 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
- 233 - Record/increase accounts payable previously encumbered
- 234 - Record an account payable for a revenue refund - budgetary funds



SPECTRUM LTD.

Invoice

September 25, 2000

No: OE410b

To: Santa Clara Elections
P.O. Box 1147
San Jose, CA 95108

Ref: Authorization from Kathryn Ferguson

For: Cards with Stylus

English/Spanish	185,000
English/Vietnamese	8,500
English/Chinese	6,500
	<hr/>
	200,000

Rate: 0.08 \$16,000.00

Credit for Stylus Supplied (\$2,706.00)

Subtotal \$13,294.00

Freight \$829.52

Invoice Amount: \$14,123.52

Terms: Net Due Upon Receipt

COUNTY OF SANTA CLARA
PAYMENT VOUCHER TRANSMITTAL

DAF - PO1

Ascom Hasler Mailing System, Inc

Vendor Name: *Ascom Hasler Mailing System, Inc* (Last Name, First, M.I., or Firms Name)
 DOCUMENT DATE: 07/18/2000 EFFECTIVE DATE: MM UU YY DUE DATE: MM UU YY
 DEPT [3]: 140 PAYMENT VOUCHER NUMBER [8]: V140 1007

SFX [2]	T/C [3]	INDEX [4]	ESBJ [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBJ [4]	RD [2]	GLA [4]	UBACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]	
REF DOC [8]	RSFX [2]	MOD [1]	FAC [4]	LOC [6]	CRC [4]	CI [1]	DMI [1]	F/O [1]	INVOICE DESCRIPTION [30]											INVOICE # [14]
01	230	5600	2451										Net return 07/01-06/30/01, 709229					819.58		
02	230	5600	2451										Net return 07/01-06/30/01, 431869					343975		
03	230	5600	2451										Reverse Late Charges					343975,74		
04	230	5600	2451										Reverse sales tax					50.49		
																		62.08		

... VENDOR DATA ... NUMBER [10]: 40833 SFX [2]: MB
 NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table): *Ascom Hasler Mailing System, Inc*
 NAME 2 [40]:
 ADDRESS [40]:
 CITY [29]: STATE [2]: ZIP [9]:

SEP HDLG IND: CONTRACT AUTH. #: TOTAL AMOUNT: 1477.07 MB
 DIRECT PAY AUTH. CODE: 1487.07 MB
 1364.50 MB

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

APPROVAL FOR PAYMENT: *Madhuri Bayla*

IF ANY QUESTIONS: CALL WILLIAM 299-8302 AT X #2023

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

DEPUTY CONTROLLER: BY: *Madhuri Bayla* DATE ENTERED: 07/18/00

CLAIMANT: REGISTRAR OF VOTERS

REFERENCE PAYMENT VOUCHER: Number: Amount:

FREQUENTLY USED TRANSACTION CODES
 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
 233 - Record/increase accounts payable previously encumbered
 234 - Record an accounts payable for a revenue refund - budgetary funds

Ascom Hasler Mailing System, Inc
 COUNTY OF SANTA CLARA
 PAYMENT VOUCHER TRANSMITTAL

DAF - PO1

DEPT [3]
140

PAYMENT VOUCHER NUMBER [8]
V1401465

Vendor Name
 (Last Name, First, M.I., or Firm Name)
Ascom Hasler Mailing System, Inc

DOCUMENT DATE EFFECTIVE DATE DUE DATE
 MM DD YY MM DD YY MM DD YY
01/12/2001

SFX [2]	T/C [3]	INDEX [4]	ESBJ [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBJ [4]	RD [2]	GLA [4]	UB ACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]	
REF DOC [8]	RSFX [2]	MOD [1]	FAC [4]	LOC [6]	CRC [1]	CI [1]	DMI [1]	F/O [1]	INVOICE DESCRIPTION [30]											INVOICE # [14]
01	230	5600	2301										Reset on meter # 64290TMS					17.00		
																		651849		

TOTAL AMOUNT
17.00

SEP HDLG IND CONTRACT AUTH. #
B2

NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table)
Ascom Hasler mailing System, Inc

NAME 2 [40]
Ascom Hasler mailing System, Inc

ADDRESS [40]
Ascom Hasler mailing System, Inc

CITY [29] STATE [2] ZIP [9]

NUMBER [10] SFX [2]
40833

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

Madhu Bagla
 APPROVAL FOR PAYMENT

IF ANY QUESTIONS:

CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

BY: *W.B.P.* REGISTRAR OF VOTERS DATE ENTERED: *01/12/01*

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

CLAIMANT

REFERENCE PAYMENT VOUCHER
 Number Amount

DEPUTY CONTROLLER

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

FREQUENTLY USED TRANSACTION CODES

- 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
- 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
- 233 - Record/increase accounts payable previously encumbered
- 234 - Record an accounts payable for a revenue refund - budgetary funds

066-14

ascom

Ascom Hasler Mailing Systems, Inc.
19 Forest Parkway, Shelton, Connecticut 06484-0903
Tel: (203) 926-1087 Fax: (203) 926-9528
Federal I.D. No: 06-0798198

Invoice



Now you've got a better choice.

meter
Installation
Address
ELAINE LARSON
REGISTRAR OF VOTERS
1555 BERGER DR
SAN JOSE, CA 951122704

INFO:

Billing Address: B01407161 S00404970
0006645 AB **AUTO T7 0 6022 95108
ATTENTION : ACCOUNTS PAYABLE
SANTA CLARA COUNTY
REGISTRAR OF VOTERS
PO BOX 1147
SAN JOSE, CA 95108-1147

Invoice Date: 12/31/2000
Invoice No: 651849
Mailer Account No: 215753-001
Purchase Order: 2962301
Acct Representative: GOVT CUSTOMER SER
Telephone No: 203-926-1087
Customer License No: 5027887043

MODEL 64280TMS BASE 335 S/N 709229

2 RESET(S) FROM 10/14/2000 - 12/05/1900 @ 8.50 17.00
RESET: 10/14/00 12/05/00

Approved for Payment
By _____
Date _____

TOTAL 17.00

QUARTERLY BILLING-TMS RESET(S)
LATE CHARGE: IF PAYMENT RECEIVED AFTER 1/30/2001 22.00

For service and supplies please call
Dealer name: TRIFORCE SOLUTIONS, INC. Dealer phone number: 408-278-6900

ascom

ATTENTION : ACCOUNTS PAYABLE
SANTA CLARA COUNTY
REGISTRAR OF VOTERS
PO BOX 1147
SAN JOSE, CA 95108-1147

Return Portion

B01407161 S00404970
Mailer Account No: 215753-001
Invoice No: 651849
Invoice Amt Due: 17.00
Invoice Due Date: 1/30/2001

Indicate Amount Paid 17.00

If you wish to pay by credit card indicate card type and write number
and signature below. MasterCard Visa

Credit Card No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CHANGE OF ADDRESS ON BACK

Please Remit To:
Ascom Hasler Mailing Systems, Inc.
P.O. Box 895
Shelton, Connecticut 06484-0895



PACC - Hayward CA

COUNTY OF SANTA CLARA
PAYMENT VOUCHER TRANSMITTAL

DAF - POI

Vendor Name: PACC - Hayward CA (Last Name, First, M.I., or Firm Name)

DOCUMENT DATE	EFFECTIVE DATE	DUE DATE
11/30/2000		

DEPT [3]	PAYMENT VOUCHER NUMBER [8]
140	V140 1351

SFX [2]	T/C [3]	INDEX [4]	ESBJ [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBJ [4]	RD [2]	GLA I/B ACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [11]
REF DOC [8]	RSFX MOD [2]	LOC [6]	FAC [4]	CRC [4]	CI [1]	DMI [1]	F/O [1]	INVOICE DESCRIPTION [30]	INVOICE # [14]									
01	230	5600	2451				10/5 - 11/26					Ben's/ Chris Gierke 66 2337					263.31	
02	230	5600	2451				10/13 - 11/8					CLIFFE 312246 to 517090					345.75	
03	230	5600	2451				10/6 - 11/8					HHKFF313188 to 192760					299.08	
																	156366	
																	156370	

... VENDOR DATA ...	NUMBER [10]	50654	SFX [2]	2
NAME 1 [40]	(Last Name, First, M.I., or Firm Name - Must Match With Vendor Table)			
NAME 2 [40]	PACC - Hayward, CA			
ADDRESS [40]				
SEP HDLG IND		CONTRACT AUTH. #	4156871	
DIRECT PAY AUTH. CODE		TOTAL AMOUNT	908.14	

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

Madhu Rapla
APPROVAL FOR PAYMENT

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

IF ANY QUESTIONS: CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

DEPT [3]	140
BY:	<i>WJL</i>
DEPUTY CONTROLLER	
REFERENCE PAYMENT VOUCHER Number	Amount

CLAIMANT: 063-31415

REGISTRAR OF VOTERS: 12/04/00

DATE ENTERED:

- FREQUENTLY USED TRANSACTION CODES
- 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
 - 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
 - 233 - Record/increase accounts payable previously encumbered
 - 234 - Record an accounts payable for a revenue refund - budgetary funds

Panasonic

DOCUMENT SYSTEMS COMPANY
 Unit of Matsushita Electric Corporation of America
 1510 South Lewis Street
 Anaheim, CA 92805
 TEL (714) 999-2500
 FAX (714) 999-2525
 SVS (714) 999-2500

INVOICE NO. 106/244
 INVOICE DATE 11/30/00
 TERMS: NET 10 DAYS FROM INVOICE DATE

LBILL
 O SCL REGISTRAR OF VOTERS
 C 8-5 M-F
 T 1555 BERGER DRIVE BLDG 2
 N O SAN JOSE CA 95112

CUSTOMER NO.	MODEL AND SERIAL NO. ID#	LEASE ID.	REPRESENTATIVE	PROG. TYPE
SF 6547	F7742 GIEKE662337	SF SK244		IDM DI
DATE 10/05/00	PREVIOUS METER 121113	DATE 11/26/00	CURRENT METER 128901	
INVOICE PERIOD 11/26/00		TQ 2/26/00		
QUANTITY	CODE NO.	DESCRIPTION	AMOUNT	
7788	6CPEZZ	RENTAL EXCESS INCOME	263.31	
		VENDOR # RENTAL EXCESS		
TOTAL DUE			263.31	

REMIT TO
 O SCL REGISTRAR OF VOTERS
 L 1555 BERGER DRIVE BLDG 2
 T SAN JOSE CA 95112

PACC - HAYWARD, LA
 P.O. BOX 100044
 PASADENA CA 91189

PLEASE PAY FROM THIS INVOICE
 OVERDUE ACCOUNTS WILL BE CHARGED A LATE
 PAYMENT FEE OF 2% PER MONTH OR TO THE EXTENT
 ALLOWED BY LAW.

COMMENTS MONTHLY COPIER RENTAL; INCL LABOR
 PARTS & TONER; EXCLUDES PAPER
 PRICE/COPY .03381

Panasonic

DOCUMENT SYSTEMS COMPANY
 Unit of Matsushita Electric Corporation of America
 1510 South Lewis Street
 Anaheim, CA 92805
 TEL (714) 997-2500
 FAX (714) 999-2525
 SVS (714) 999-2500

INVOICE NO.

LO SDC--REGISTRAR OF VOTERS
 A AL 408/299-4008
 T 1555 BERGER DRIVE
 O SAN JOSE CA 95126
 N PO # 66722-INDEX REPRESENTATIVE

106366
 INVOICE DATE

11/29/00
 TERMS: NET 10 DAYS
 FROM INVOICE DATE

CUSTOMER NO.	MODEL AND SERIAL NO.	IDM	DI
SF8066	ID# SB123 F7750 CHEKF312246 SF		
DATE 10/13/00	PREVIOUS METER 512214	DATE 11/08/00	CURRENT METER 51090
INVOICE PERIOD 11/08/00		TO 2/08/00	
QUANTITY	CODE NO.	DESCRIPTION	AMOUNT
4876	6CPEZZ	RENTAL EXCESS INCOME	40.88
1	6CFBZZ	VENDOR # RENTAL EXCESS VENDOR # RENTAL	301.87
TOTAL DUE			345.75

REMIT TO
 B ACCOUNTS PAYABLE
 L SDC--REGISTRAR OF VOTERS
 P O BOX 1147
 T SAN JOSE CA 95108

PACC - HAYWARD, CA
 P.O. BOX 100044
 PASADENA CA 91189

PLEASE PAY FROM THIS INVOICE
 OVERDUE ACCOUNTS WILL BE CHARGED A LATE
 PAYMENT FEE OF 2% PER MONTH OR TO THE EXTENT
 ALLOWED BY LAW.

COMMENTS MONTHLY COPIER RENTAL, INCL LABOR
 PARTS & TUNER, EXCLUDES PAPER
 PRICE/COPY .00900

LA 2500

Panasonic

DOCUMENT SYSTEMS COMPANY
 Unit of Matsushita Electric Corporation of America
 1510 South Lewis Street
 Anaheim, CA 92805

LAL SALCEDO
 COUNTY REGISTRAR OF VOTERS
 A 299-4008
 T 1353 BERGER DR
 O SAN JOSE CA 95126
 N P.O. LEASE # 23 - INDEX REPRESENTATIVE

INVOICE NO.

136370
 INVOICE DATE

11/29/00
 TERMS: NET 10 DAYS
 FROM INVOICE DATE

CUSTOMER NO.	MODEL AND SERIAL NO.	PROG. TYPE	IDM	DI
SF8105	ID# 66195 F7750 HHEKF313188 SF			
DATE 10/06/00	PREVIOUS METER 184596	DATE 11/08/00	CURRENT METER	192700
INVOICE PERIOD 11/08/00		TQ.2/08/00		
QUANTITY	CODE NO.	DESCRIPTION	AMOUNT	
1	6CFBZZ	VENDOR # RENTAL	225.60	
8164	6CFPEZZ	RENTAL EXCESS INCOME	73.48	
		VENDOR # RENTAL EXCESS		
TOTAL DUE			299.08	

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 I ACCOUNTS PAYABLE
 L SCC-REGISTRAR OF VOTERS
 L P O BOX 1147
 T SAN JOSE CA 95108
 O

PACC - HAYWARD, CA
 P.O. BOX 100044
 PASADENA CA 91189

PLEASE PAY FROM THIS INVOICE
 OVERDUE ACCOUNTS WILL BE CHARGED A LATE
 PAYMENT FEE OF 2% PER MONTH OR TO THE EXTENT
 ALLOWED BY LAW.

COMMENTS MONTHLY COPIER RENTAL; INCL LABOR
 PARTS & TONER; EXCLUDES PAPER
 PRICE/COPY .00900

LA 2900

COUNTY OF SANTA CLARA
PAYMENT VOUCHER TRANSMITTAL

FANASONIC Office Automation

Vendor Name (Last Name, First, M.I., or Firm Name) **FANASONIC Office Automation**

DOCUMENT DATE EFFECTIVE DATE DUE DATE

MM DD YY MM DD YY MM DD YY

10/25/2000

DEPT (3) **140**

PAYMENT VOUCHER NUMBER (8) **V140 1238**

SFX [2]	T/C [3]	INDEX [4]	ESBJ [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBJ [4]	RD [2]	GLA [4]	LB ACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]		
REF DOC [8]	RSFX MOD [2]	FAC [1]	LOC [6]	CRC [4]	CI [1]	MPC [10]	F/O [1]	DMI [1]	INVOICE DESCRIPTION [30]											INVOICE # [14]	
01	330	5800	2451										CHECK# 312246 to 512214								

SEP HDLG IND	CONTRACT AUTH. #	TOTAL AMOUNT
	4156871	479.76

SEP HDLG IND

CONTRACT AUTH. #

TOTAL AMOUNT

... VENDOR DATA ...

NAME 1 (40) (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table) **52654**

NAME 2 (40) **PANASONIC Office Automation**

ADDRESS (40)

APPROVAL FOR PAYMENT

Madhu Rayla

IF ANY QUESTIONS:

CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

BY: _____ DEPT: _____ DATE ENTERED: **10/25/02**

DEPUTY CONTROLLER _____ REGISTRAR OF VOTERS

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

REFERENCE PAYMENT VOUCHER Number _____ Amount _____

- FREQUENTLY USED TRANSACTION CODES
- 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
 - 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
 - 233 - Record/increase accounts payable previously encumbered
 - 234 - Record an accounts payable for a revenue refund - budgetary funds

Panasonic
Document Systems Company

Unit of Matsushita Electric Corporation of America

20980 Cabot Blvd. (510) 670-9919
Hayward, Ca. 94545 SVS (888) 737-8393
FAX (510) 670-9916

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C-REGISTRAR OF VOTERS
AL 408/299-4008
1555 BERGER DRIVE
SAN JOSE CA 95126
PO # RR1822-INDEX5605

INVOICE NO. 146559 1
INVOICE DATE 10/18/00
TERMS: NET 10 DAYS
FROM INVOICE DATE

CUSTOMER NO. SFB066	MODEL AND SERIAL NO. ID# SB123 F7750 CHEKF312246	LEASE I.D. SF	REPRESENTATIVE	PROG. TYPE IDM DI
DATE 09/08/00	PREVIOUS METER 492449	DATE 10/13/00	CURRENT METER 512214	
INVOICE PERIOD 10/08/00		To 11/08/00		
QUANTITY	CODE NO.	DESCRIPTION	AMOUNT	
19765	6CPEZZ	RENTAL EXCESS INCOME	177.89	
		VENDOR # RENTAL EXCESS		
1	6CPBZZ	VENDOR # RENTAL	301.87	
			TOTAL DUE 479.76	

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ACCOUNTS PAYABLE
SCC-REGISTRAR OF VOTERS
P O BOX 1147
SAN JOSE CA 95108

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PACC - HAYWARD, CA
P.O. BOX 100044
PASADENA CA 91189

COMMENTS MONTHLY COPIER RENTAL, INCL LABOR
PARTS & TONER, EXCLUDES PAPER
PRICE/COPY .00900

PLEASE PAY FROM THIS INVOICE
OVERDUE ACCOUNTS WILL BE CHARGED A LATE
PAYMENT FEE OF 2% PER MONTH OR TO THE EXTENT
ALLOWED BY LAW

COUNTY OF SANTA CLARA
PAYMENT VOUCHER TRANSMITTAL

Vendor Name: Panasonic office Automation
(Last Name, First, M.I., or Firm Name)

DOCUMENT DATE	EFFECTIVE DATE	DUE DATE
10/04/2000 MM DD YY	MM DD YY	MM DD YY

DEPT [3]	PAYMENT VOUCHER NUMBER [8]
140	V140 1198

SFX [2]	T/C [3]	INDEX [4]	ESBU [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBJ [4]	RD [2]	GLA [4]	IB ACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]
REF DOC [8]	RSFX [2]	MOD [1]	FAC [4]	LOC [6]	CRC [4]	CI [11]	MPC [10]	F/O [1]	DMI [1]	F/O [1]	INVOICE DESCRIPTION [30]			INVOICE # [14]					
01	230	5600	2457															225.60	
													HHEKF313188 to 173768					14/805	

SEP HDLG IND	CONTRACT AUTH. #	TOTAL AMOUNT
	4156871	225.60

NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table)
Panasonic Office Automation

NAME 2 [40]
Panasonic Office Automation

ADDRESS [40]

CITY [29] STATE [2] ZIP [9]

IF ANY QUESTIONS: CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.
Nydhru Kagle APPROVAL FOR PAYMENTS

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

DEPUTY CONTROLLER	CLAIMANT
BY:	BY:
REFERENCE PAYMENT VOUCHER	DATE ENTERED:
Number	Amount
	10/05/00

FREQUENTLY USED TRANSACTION CODES

230 - Record/increase accounts payable not previously encumbered - budgetary funds only

231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only

233 - Record/increase accounts payable previously encumbered

234 - Record an accounts payable for a revenue refund - budgetary funds

Panasonic

Document Systems Company

Unit of Matsushita Electric Corporation of America

20980 Cabot Blvd. (510) 670-9919
 Hayward, Ca. 94545 SVS (888) 737-8393
 FAX (510) 670-9918

LOCAL BALANCE
 SCC-REGISTRAR OF VOTERS
 1555 BERBER DR
 SAN JOSE CA 95108

INVOICE NO.

111305
 INVOICE DATE

09/08/00
 TERMS: NET 10 DAYS
 FROM INVOICE DATE

CUSTOMER NO. SF8105	MODEL AND SERIAL NO. ID# 36195 F7750 HHEKF313188	PO # 891823 - INDEX LEASE 18	REPRESENTATIVE	PROG. TYPE IDM DI
DATE 09/08/00	PREVIOUS METER 173769	DATE 09/09/00	CURRENT METER 173758	
INVOICE PERIOD 09/08/00		TOTAL 09/08/00		
QUANTITY	CODE NO.	DESCRIPTION	AMOUNT	
1	6CPBZZ	VENDOR # RENTAL	225.60	
			TOTAL DUE	
			225.60	

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 L SCC-REGISTRAR OF VOTERS
 L P O BOX 1147
 T SAN JOSE CA 95108
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 PACC - HAYWARD, CA
 P.O. BOX 100044
 PASADENA CA 91189

COMMENTS MONTHLY COPIER RENTAL, INCL LABOR
 PARTS & TONER, EXCLUDES PAPER

PLEASE PAY FROM THIS INVOICE
 OVERDUE ACCOUNTS WILL BE CHARGED A LATE
 PAYMENT FEE OF 2% PER MONTH OR TO THE EXTENT
 ALLOWED BY LAW

COUNTY OF SANTA CLARA
PAYMENT VOUCHER TRANSMITTAL

Vendor Name: PANASONIC OFFICE Automation

DOCUMENT DATE: 10/18/2000
EFFECTIVE DATE: MM DD YY
DUE DATE: MM DD YY

DEPT [3]: 140

PAYMENT VOUCHER NUMBER [8]: V140 1220

SFX [2]	T/C [3]	INDEX [4]	ESBJ [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBJ [4]	RD [2]	GLA [4]	UB [6]	ACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]	
01		230	5600	2457										HHEKE	313188	to	184596				

REF DOC [8]	RSFX MOD [2]	FAC [4]	LOC [6]	CRC [4]	CI [1]	MPC [10]	DMI [1]	F/O [1]	INVOICE DESCRIPTION [30]	INVOICE # [14]
										323.05
										145727

SEP HDLG IND: [] CONTRACT AUTH. #: 4156871

TOTAL AMOUNT: 323.05

... VENDOR DATA ... NUMBER [10]: 54053 SFX [2]: []

NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table): Panasonic office Automation

NAME 2 [40]: []

ADDRESS [40]: []

CITY [29]: [] STATE [2]: [] ZIP [9]: []

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

Madhuri Kople
APPROVAL FOR PAYMENT

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

BY: [] DEPT: [] DATE ENTERED: []

DEPUTY CONTROLLER

REGISTRAR OF VOTERS: 10/18/00

- 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
- 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
- 233 - Record/increase accounts payable previously encumbered
- 234 - Record an accounts payable for a revenue refund - budgetary funds

030-5

Panasonic

Document Systems Company

Unit of Matsushita Electric Corporation of America

20980 Cabot Blvd.
Hayward, Ca. 94545

(510) 670-9919
SVS (888) 737-8393
FAX (510) 670-9916

LOCAL SALES
C SCC-REGISTRAR OF VOTERS
A LESS BERGER, OF
I SAN JOSE CA 95126
O
N

INVOICE NO.

15727
INVOICE DATE

10/13/00
TERMS: NET 10 DAYS
FROM INVOICE DATE

CUSTOMER NO. SE8105	MODEL AND SERIAL NO. ID# 36195 E7750 HHEKE313188	PO # LEAS 21823 - INDX5555	REPRESENTATIVE SF	PROG. TYPE IDM DT
DATE 09/08/00	PREVIOUS METER 173758	DATE 10/06/00	CURRENT METER 194596	
INVOICE PERIOD 10/08/00		TO 1/08/00		
QUANTITY	CODE NO.	DESCRIPTION	AMOUNT	
1	6CPBZZ	VENDOR # RENTAL	225.60	
10828	6CPEZZ	RENTAL EXCESS INCOME	97.45	
		VENDOR # RENTAL EXCESS		
			TOTAL DUE	
			323.05	

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L SCC-REGISTRAR OF VOTERS
L P O BOX 1147
T SAN JOSE CA 95108
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PACC - HAYWARD, CA
P.O. BOX 100044
PASADENA CA 91189

COMMENTS

MONTHLY COPIER RENTAL, INCL LABOR
PARTS & TONER, EXCLUDES PAPER
PRICE/COPY 00900

PLEASE PAY FROM THIS INVOICE
OVERDUE ACCOUNTS WILL BE CHARGED A LATE
PAYMENT FEE OF 2% PER MONTH OR TO THE EXTENT
ALLOWED BY LAW

COUNTY OF SANTA CLARA
 REGISTRAR OF VOTERS
 Absentee Ballots Claim
 Schedule of Expenses
 Fiscal Year 2001

EXTERNAL PRINTING
 SAMPLE BALLOTS COSTING
 NOVEMBER 7, 2000

Vendor	Invoice No.	Qty	Total Amount
Merrill Corp	0528-193394		\$937,202.92
	page 2 of 7	17500	
	page 3 of 7	949300	
	page 4 of 7	23040	
	page 4 of 7	1300	
	page 4 of 7	35960	
	page 5 of 7	25400	
	page 6 of 7	1300	
	page 6 of 7	23800	
		1077600	\$937,202.92
Merrill Corp	0528-226652	2700	\$21,431.68
Kopec, Robert - Span/Eng Trans	V1401222		\$13,428.20
TOTAL COST OF SAMPLE BALLOTS			
		1080300	\$972,062.80
Less: Typeset/layout & set-up costs for other language			
			-\$79,696.57
			-\$82,831.49
NET CHARGEABLE COSTS			
		1080300	\$809,534.73
ABSENTEE VOTERS			
	809534.73/1080300*141313		\$1,058.92

DAF - POI

COUNTY OF SANTA CLARA
PAYMENT VOUCHER TRANSMITTAL

Merrill Corporation
(Last Name, First, M.I., or Firm Name)

Vendor Name: Merrill Corporation

DOCUMENT DATE: 11/15/2000
EFFECTIVE DATE: MM DD YY
DUE DATE: MM DD YY

DEPT [3]: 140

PAYMENT VOUCHER NUMBER [8]: VI40 1297

SFX [2]	T/C [3]	INDEX [4]	RSFX [2]	MOD [1]	FAC [4]	ED [2]	ESBJ [4]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBJ [4]	RD [2]	GLA [4]	UBACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]	
01		230	5605	2585																	937,203.92		
																						INVOICE #	
																							937,203.92
																							193394

TOTAL AMOUNT: 937,203.92

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

APPROVAL FOR PAYMENT
William Boyde

IF ANY QUESTIONS:

CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

BY: *WAB* DEPT: REGISTRAR OF VOTERS DATE ENTERED: 11/15/02

DIRECT PAY AUTH. CODE: B2

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

REFERENCE PAYMENT VOUCHER Number: Amount:

DEPUTY CONTROLLER

FREQUENTLY USED TRANSACTION CODES

- 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
- 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
- 232 - Record/increase accounts payable previously encumbered
- 233 - Record/increase accounts payable for a revenue refund - budgetary funds

042-8

MERRILL CORPORATION



LOCATION: Los Angeles (0528)
1 of 7

Any Inquiries, Call (213)765-7000

County of Santa Clara
Registrar of Voters
P.O. Box 1147
San Jose, CA 91508

Attn: Ms. Leslie Smith

INVOICE NO. 0528-193394
DATE 11/1/00
OUR ORDER NO. P10671cd00
CUST. ORDER NO. LTR 1/8/98
DATE RECEIVED n/a
SALESPERSON Lynn Kienle
CLASSIFICATION COM/BAL

TERMS: DUE UPON RECEIPT

November 7, 2000 General Election

	<u>Quantity</u>	<u>M/U</u>	<u>Unit Price</u>	<u>Amount</u>
English/Spanish				
1. Typeset and format				
A. Sample ballot (voting) pages				
English	91	U	50.00	4,550.00
Spanish	91	U	55.00	5,005.00
B. Voter Information Pages				
Measures/Arguments				
English	100	U	25.00	2,500.00
Spanish	106	U	30.00	3,180.00
Candidate Statements				
English	79	U	25.00	1,975.00
Spanish	79	U	25.00	1,975.00
Filler pages				
English	7	U	45.00	315.00
Spanish	7	U	50.00	350.00
2. Layout (output assembly)				
Output each unique page	560	U	4.00	2,240.00
Re-output corrected pages	357	U	4.50	1,606.50
Output each inside page	14,112	U	2.25	31,752.00
3. Authors corrections/per line				
	877	U	.85	745.45
4. Processing/programming support, and write back files				
	35	U	75.00	2,625.00

MERRILL CORPORATION



LOCATION: Los Angeles (0528)
2 of 7

Any Inquiries, Call (213)765-7000

County of Santa Clara
Registrar of Voters
P.O. Box 1147
San Jose, CA 91508

Attn: Ms. Leslie Smith

INVOICE NO. 0528-193394
DATE 11/1/00
OUR ORDER NO. P10671cd00
CUST. ORDER NO. LTR 1/8/98
DATE RECEIVED n/a
SALESPERSON Lynn Kienle
CLASSIFICATION COM/BAL

TERMS: DUE UPON RECEIPT

November 7, 2000 General Election

	<u>Quantity</u>	<u>M/U</u>	<u>Unit Price</u>	<u>Amount</u>
Print English/Spanish				
1.Typeset/Layout cover pages	4	U	50.00	200.00
2.Press set up and run				
A.Set up per ballot type				
72 page	5	U	420.00	2,100.00
80 page	26	U	420.00	10,920.00
88 page	37	U	500.00	18,500.00
96 page	18	U	500.00	9,000.00
104 page	16	U	580.00	9,280.00
112 page	14	U	580.00	8,120.00
120 page	18	U	660.00	11,880.00
128 page	29	U	660.00	19,140.00
136 page	12	U	740.00	8,880.00
B.Initial 100 run per ballot type				
72 page	500	C	97.79	488.95
80 page	2,600	C	104.81	2,725.06
88 page	3,700	C	117.16	4,334.92
96 page	1,800	C	120.16	2,162.88
104 page	1,600	C	123.01	1,968.16
112 page	1,400	C	125.60	1,758.40
120 page	1,800	C	128.90	2,320.20
128 page	2,900	C	130.40	3,781.60
136 page	1,200	C	136.75	1,641.00

MERRILL CORPORATION



LOCATION: Los Angeles (0528)
3 of 7

Any Inquiries, Call (213)765-7000

County of Santa Clara
Registrar of Voters
P.O. Box 1147
San Jose, CA 91508

INVOICE NO. 0528-193394
DATE 11/1/00
OUR ORDER NO. P10671cd00
CUST. ORDER NO. LTR 1/8/98
DATE RECEIVED n/a
SALESPERSON Lynn Kienle
CLASSIFICATION COM/BAL

Attn: Ms. Leslie Smith

TERMS: DUE UPON RECEIPT

November 7, 2000 General Election

	<u>Quantity</u>	<u>M/U</u>	<u>Unit Price</u>	<u>Amount</u>
C. Additional 100's per ballot type				
72 page	4,200	C	29.13	1,223.46
80 page	64,000	C	31.49	20,153.60
88 page	136,400	C	34.74	47,385.36
96 page	128,800	C	38.70	49,845.60
104 page	104,200	C	42.03	43,795.26
112 page	131,400	C	46.23	60,746.22
120 page	173,800	C	49.93	86,778.34
128 page	169,700	C	51.20	86,886.40
136 page	36,800	C	53.73	19,772.64
English/Vietnamese				
A. Translation per word-all pages	64,579	U	.25	16,144.75
B. Proofread per word-all pages	64,579	U	.05	3,228.95
C. Typeset & format each unique page	287	U	15.00	4,305.00
D. Output each unique page	287	U	4.00	1,148.00
E. Re-output corrected pages	861	U	4.50	3,874.50
F. Output each inside page	13,904	U	2.25	31,284.00
G. Typeset/layout cover page	4	U	50.00	200.00
H. Programming/process support	19	Hr	75.00	1,425.00
Print English/Vietnamese				
Set up 72 page	3	U	25.00	75.00
Set up 80 page	15	U	25.00	375.00
Set up 88 page	24	U	25.00	600.00
Set up 96 page	13	U	32.50	422.50
Set up 104 page	8	U	32.50	260.00
Set up 112 page	10	U	32.50	325.00
Set up 120 page	17	U	32.50	552.50
Set up 128 page	18	U	32.50	585.00
Set up 136 page	9	U	32.50	292.50

MERRILL CORPORATION



LOCATION: Los Angeles (0528)
4 of 7

Any Inquiries, Call (213)765-7000

County of Santa Clara
Registrar of Voters
P.O. Box 1147
San Jose, CA 91508

INVOICE NO. 0528-193394
DATE 11/1/00
OUR ORDER NO. P10671cd00
CUST. ORDER NO. LTR 1/8/98
DATE RECEIVED n/a
SALESPERSON Lynn Kienle
CLASSIFICATION COM/BAL

Attn: Ms. Leslie Smith

TERMS: DUE UPON RECEIPT

November 7, 2000 General Election

	<u>Quantity</u>	<u>M/U</u>	<u>Unit Price</u>	<u>Amount</u>
Run 72 page + cover	300	C	133.60	400.80
Run 80 page + cover	2,000	C	144.80	2,896.00
Run 88 page + cover	3,900	C	156.00	6,084.00
Run 96 page + cover	3,100	C	167.20	5,183.20
Run 104 page + cover	1,600	C	178.40	2,854.40
Run 112 page + cover	1,600	C	189.60	3,033.60
Run 120 page + cover	5,800	C	208.80	12,110.40
Run 128 page + cover	2,140	C	212.00	4,536.80
Run 136 page + cover	2,600	C	223.20	5,803.20
Run's over 1,000				
A. Set up per ballot type				
104 page	2	U	580.00	1,160.00
112 page	1	U	580.00	580.00
120 page	1	U	660.00	660.00
128 page	7	U	660.00	4,620.00
136 page	2	U	740.00	1,480.00
B. Initial 100 run per ballot type				
104 page	200	C	123.01	246.02
112 page	100	C	125.60	125.60
120 page	100	C	128.90	128.90
128 page	700	C	130.40	912.80
136 page	200	C	136.75	273.50
C. Additional 100 per ballot type				
104 page	5,500	C	42.03	2,311.65
112 page	1,500	C	46.23	693.45
120 page	1,500	C	49.93	748.95
128 page	21,460	C	51.20	10,987.52
136 page	6,000	C	53.73	3,223.80

MERRILL CORPORATION



LOCATION: Los Angeles (0528)
5 of 7

Any Inquiries, Call (213) 765-7000

County of Santa Clara
Registrar of Voters
P.O. Box 1147
San Jose, CA 91508

Attn: Ms. Leslie Smith

INVOICE NO. 0528-193394
DATE 11/1/00
OUR ORDER NO. P10671cd00
CUST. ORDER NO. LTR 1/8/98
DATE RECEIVED n/a
SALESPERSON Lynn Kienle
CLASSIFICATION COM/BAL

MS: DUE UPON RECEIPT

November 7, 2000 General Election

	Quantity	M/U	Unit Price	Amount
English/Chinese				
A. Translation per word-all pages	64,579	U	.25	16,144.75
B. Proofread per word-all pages	64,579	U	.05	3,228.95
C. Typeset & format each unique page	287	U	15.00	4,305.00
D. Output each unique page	287	U	4.00	1,148.00
E. Re-output corrected pages	1,033	U	4.50	4,648.50
F. Output each inside page	14,896	U	2.25	33,516.00
G. Typeset/layout cover page	4	U	50.00	200.00
H. Programming/process support	25	Hr	75.00	1,875.00
Print English/Chinese				
Set up 72 page	3	U	25.00	75.00
Set up 80 page	16	U	25.00	400.00
Set up 88 page	27	U	25.00	675.00
Set up 96 page	13	U	32.50	422.50
Set up 104 page	11	U	32.50	357.50
Set up 112 page	10	U	32.50	325.00
Set up 120 page	16	U	32.50	520.00
Set up 128 page	25	U	32.50	812.50
Set up 136 page	9	U	32.50	292.50
Run 72 page + cover	600	C	133.60	801.60
Run 80 page + cover	2,500	C	144.80	3,620.00
Run 88 page + cover	5,000	C	156.00	7,800.00
Run 96 page + cover	2,600	C	167.20	4,347.20
Run 104 page + cover	2,300	C	178.40	4,103.20
Run 112 page + cover	1,800	C	189.60	3,412.80
Run 120 page + cover	3,400	C	208.80	7,099.20
Run 128 page + cover	4,700	C	212.00	9,964.00
Run 136 page + cover	2,500	C	223.20	5,580.00

MERRILL CORPORATION



LOCATION: Los Angeles (0528)
6 of 7

Any Inquiries, Call (213) 765-7000

County of Santa Clara
Registrar of Voters
P.O. Box 1147
San Jose, CA 91503

INVOICE NO. 0528-193394
DATE 11/1/00
OUR ORDER NO. P10671cd00
CUST. ORDER NO. LTR 1/8/98
DATE RECEIVED n/a
SALESPERSON Lynn Kienle
CLASSIFICATION COM/BAL

Attn: Ms. Leslie Smith

RMS: DUE UPON RECEIPT

November 7, 2000 General Election

	<u>Quantity</u>	<u>M/U</u>	<u>Unit Price</u>	<u>Amount</u>
Runs over 1,000 per ballot type				
A. Set up per ballot type				
80 page	1	U	420.00	420.00
88 page	1	U	500.00	500.00
96 page	2	U	500.00	1,000.00
104 page	2	U	580.00	1,160.00
112 page	3	U	580.00	1,740.00
120 page	2	U	660.00	1,320.00
128 page	1	U	660.00	660.00
136 page	1	U	740.00	740.00
B. Initial 100 run per ballot type				
80 page	100	C	104.81	104.81
88 page	100	C	117.16	117.16
96 page	200	C	120.16	240.32
104 page	200	C	123.01	246.02
112 page	300	C	125.60	376.80
120 page	200	C	128.90	257.80
128 page	100	C	130.40	130.40
136 page	100	C	136.75	136.75
C. Additional 100's per ballot type				
80 page	4,500	C	31.49	1,417.05
88 page	900	C	34.74	312.66
96 page	3,500	C	38.70	1,354.50
104 page	3,100	C	42.03	1,302.93
112 page	5,100	C	46.23	2,357.73
120 page	3,200	C	49.93	1,597.76
128 page	1,200	C	51.20	614.40
136 page	2,300	C	53.73	1,235.79

MERRILL CORPORATION



LOCATION: Los Angeles (0528)
7 of 7

Any Inquiries, Call (213) 765-7000

County of Santa Clara
Registrar of Voters
P.O. Box 1147
San Jose, CA 91508

INVOICE NO. 0528-193394
DATE 11/1/00
OUR ORDER NO. P10671cd00
CUST. ORDER NO. LTR 1/8/98
DATE RECEIVED n/a
SALESPERSON Lynn Kienle
CLASSIFICATION COM/BAL

Attn: Ms. Leslie Smith

RMS: DUE UPON RECEIPT

November 7, 2000 General Election

No compression/overtime charges for accelerated delivery date to Chinese and Vietnamese Sample Ballots

<u>Quantity</u>	<u>M/U</u>	<u>Unit Price</u>	<u>Amount</u>
-----------------	------------	-------------------	---------------

N/C

Invoice for freight, reprints (and credit for postage on Vietnamese Group 2) to follow

Subtotal: \$865,776.37
8.25% Sales Tax: \$71,426.55

Invoice Total: \$937,202.92

*Okay to pay
Matthew Bayle
11/15/00*

0.*
17,500.+
949,300.+
23,040.+
1,300.+
35,960.+
25,400.+
1,300.+
23,800.+

008

July 1,077,600.**+

DAF - POI

COUNTY OF SANTA CLARA
PAYMENT VOUCHER TRANSMITTAL

Merrill Corporation
Vendor Name

DOCUMENT DATE 12/06/2000
EFFECTIVE DATE
DUE DATE
MM DD YY MM DD YY

SFX (2) T/C (3) INDEX (4) RSFX MOD (2) [1] [4] ED (2) FARG (3) PCA (5) FUND (4) [1] [4] [1] FD (2) RSRJ (4) [2] [2] RD (2) GLA (4) [6] [6] ACCT (6) PROJECT (6) [2] [2] [6] [6] GRANT (6) FPH (2) [2] [2] [6] [6] TASK (4) AMOUNT (13) [1] [1] INVOICE # (14) [14] R. (1) [1] [1]

REF DOC (8) [8] 250 5605 2585
01 250 5605 2585
INVOICE DESCRIPTION (30) [30] Sample Ballots Nov 7th Election 0538-33 6652
21 931.68
0538-33 6652

SEP HDLG IND	CONTRACT AUTH. #	TOTAL AMOUNT
		21,431.68

SEP HDLG IND
DIRECT PAY AUTH. CODE
B2

VENDOR DATA NUMBER (10) 44126
NAME 1 (40) (Last Name, First, MI, or Firm Name, Initials With Vendor Table)
NAME 2 (40) Merrill Corporation

ADDRESS (40)
CITY (20)
STATE (2)
ZIP (9)

IF ANY QUESTIONS:
CALL WILLIAM 299-8302 AT X 2023
I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

APPROVAL FOR PAYMENT
William 299-8302

BY: *William* DEPT: DATE ENTERED:
REGISTRAR OF VOTERS 12/06/00

CLAIMANT
REFERENCE PAYMENT VOUCHER Number Amount
THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.
FREQUENTLY USED TRANSACTION CODES
240 - Record/increase accounts payable not previously encumbered - budgetary funds only
231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
233 - Record/increase accounts payable previously encumbered
234 - Record an accounts payable for a revenue refund - budgetary funds

MERRILL CORPORATION



LOCATION: Los Angeles (0528)

Any Inquiries, Call (213) 765-7000

County of Santa Clara
 Registrar of Voters
 P.O. Box 1147
 San Jose, CA 91508

INVOICE NO. 0528-226652
 DATE 11/21/00
 OUR ORDER NO. P10671cd00
 CUST. ORDER NO. LTR 1/3/98
 DATE RECEIVED n/a
 SALESPERSON Kienle/Harwood
 CLASSIFICATION COM/BAL

Attn: Ms. Leslie Smith

RMS: DUE UPON RECEIPT

	<u>Quantity</u>	<u>M/U</u>	<u>Unit Price</u>	<u>Amount</u>
November 7, 2000 General Election				
Supplemental invoice for freight and client requested reprints Under 1,000:				
Chinese:				
Group 018 128 pages	100	C	212.00	212.00
Spanish				
Group 076 88 pages	200	C	156.00	312.00
078 88 pages	300	C	156.00	468.00
082 96 pages	200	C	167.20	334.40
084 96 pages	200	C	167.20	334.40
100 88 pages	100	C	156.00	156.00
155 88 pages	300	C	156.00	468.00
Vietnamese				
115 88 pages	100	C	156.00	156.00
Set ups for above:				
5 set ups (88 pagers)	5	U	25.00	125.00
4 set ups (96 - 128 pagers)	4	U	32.50	130.00
Reprint over 1,000				
Spanish				
Group 136 112 pages	1	U	580.00	580.00
Set up	100	C	125.60	125.60
Initial 100	1,100	C	46.23	508.53
Additional 100's				

Credit for postage on Vietnamese Group #2

Subtotal: \$ 3,857.49
 8.25% Sales Tax: 318.24
 Freight: 17,255.95
 <52:44>

INVOICE TOTAL: \$ 21,431.68

*Okay to pay
 1/2 million pages*

0.*
 100.*+
 1,300.*+
 100.*+
 1,200.*+
 2,700.*+

004
 277

REMIT TO: MERRILL CORPORATION

PLEASE PAY FROM THIS INVOICE
 11 5% SERVICE CHARGE PER MONTH ADDED TO PAST DUE ACCOUNTS

DAF - PO1

COUNTY OF SANTA CLARA
PAYMENT VOUCHER TRANSMITTAL

Kopec, Robert

DOCUMENT DATE	EFFECTIVE DATE	DUE DATE
10/18/2000		
MM DD YY	MM DD YY	MM DD YY

DEPT [3]	PAYMENT VOUCHER NUMBER [8]
140	V140 / 2 2 2

SFX [2]	T/C [3]	INDEX [4]	ESBJ [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBJ [4]	RD [2]	GLA [4]	B ACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]	
REF DOC [8]	RSFX MOD [2]	[1]	[4]	FAC [4]	LOC [6]	CRC [4]	CI [1]	MPC [10]	DMI [1]	F/O [1]	INVOICE DESCRIPTION [30]		INVOICE # [14]							
01	230	5605	2585										Translat of Candidate Stat - Spanish		13	428.20				
													Nov '00 Election							

SEP HDLG IND	CONTRACT AUTH. #	TOTAL AMOUNT
		13,428.20

DIRECT PAY AUTH. CODE	32
-----------------------	----

... VENDOR DATA ...

NUMBER [10]	32059	SFX [2]	
-------------	-------	---------	--

NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table)
Kopec, Robert.

NAME 2 [40]

ADDRESS [40]

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

Robert Kopec

APPROVAL FOR PAYMENT

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

IF ANY QUESTIONS: CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

BY: _____ DEPT: _____ DATE ENTERED: _____

DEPUTY CONTROLLER

REFERENCE PAYMENT VOUCHER Number	Amount
----------------------------------	--------

REGISTRAR OF VOTERS *10/18/00*

FREQUENTLY USED TRANSACTION CODES

230 - Record/increase accounts payable not previously encumbered - budgetary funds only

231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only

233 - Record/increase accounts payable previously encumbered

234 - Record an accounts payable for a revenue refund - budgetary funds

Robert S. Kopec
Spanish-English Interpreter and Translator

2463 Delmer St.
Oakland, CA 94602
Telephone (510) 482-8642

Fax: (510) 482-8404
Pager: (510) 264-3184
E-Mail: rkopec@compuserve.com

Invoice Date: October 9, 2000
Billed To: County of Santa Clara Registrar of Voters
Attention: Leslie Smith
P.O. Box 1147
San Jose, CA 95108

Date	Description of Services	Hours	Words	Rate per word/hour	Amount
September, 2000	Translation of Candidate Statements and Measures for November, 2000 elections		61459	\$0.20	\$12,291.80
	Translation of Candidate occupations for voting pages, including State candidates (per hour)	4		\$40.00	\$ 160.00
	Proofreading pamphlet covers and camera-ready copy, (per hour).	24.41		\$40.00	\$ 976.40
Total					13,428.20

Details on next page →

*ok to pay
RKS 10/14/00*

DEPARTMENT: Registrar of Votes
 DELIVER TO: Call for pick up

00 000-7, 1111

FORM NUMBER: 2158
 DATE OF REQUISITION: 8/7/00
 DATE WANTED: 8/25/00
 VOUCHER NUMBER: X 093901
 SELLER'S ACCOUNTING DISTRIBUTION:
 DOCUMENT DATE: 01 119 2346
 M M D D Y Y
 RSBJ (4): 9901 RD (2): HL PCA (5): 0077 FUND (4): 0077 FD (2):

FORM TITLE OR DESCRIPTION OF PRINTING: Request For Permanent Absentee Vote Status

QUANTITY: 3500
 ORIGINALS: UNITS: MULTI-PART SETS:
 SHEETS PER SET: NUMBER BEGINNING:

BUYER'S ACCOUNTING DISTRIBUTION:
 SFX: 02 T/C (3): 250 INDEX (4): 5605 ESBJ (4): 2586 ED (2): 0001 FUND (4): 0001 FD (2): 0001 PROJECT (8): 0001 PPH (2): 0001 TASK (4): 0001 FABC (3): 0001

PAPER TYPE: REGULAR PAPER (BOND) LEDGER CARBONLESS RECYCLE PAPER WEIGHT: 20 24
 FINISHED PAPER SIZE: 8 1/2 X 11 8 1/2 X 14 8 1/2 X 17 4 1/4 X 5 1/2 8 1/2 X 5 1/2
 INK COLOR: BLACK PAPER COLOR: WHITE Blue
 COLLATE FOLD STAPLE 2 ON SIDE CORNER PUNCH TOP SIDE 7 HOLE 2 HOLE 3 HOLE 1/4" HOLES 3/8" HOLES PERFORATE ROUND CORNER
 PAD: TOP BOTTOM RIGHT LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS: cut in half

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE: X Madhur Ragle PHONE # 299-8646x2070

DO NOT WRITE BELOW THIS LINE						WORK CLASSIFICATION	JOB TIME HRS MIN	LABOR	MATERIAL
LAYOUT	<input checked="" type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	LINO			
	NUMBER UP: <u>2</u>	BACK: <input type="checkbox"/> SAME AS FRONT <input type="checkbox"/> DIFFERENT				PASTE UP			
PLATES	NEW PLATES	TYPE: <input type="checkbox"/> OC MASTERS <input type="checkbox"/> ALUM. <input checked="" type="checkbox"/> PHOTO DIRECT	PROOF OUT: <input type="checkbox"/> IN <input type="checkbox"/> OUT			PROOF			
	OLD PLATES	SIZE: <input checked="" type="checkbox"/> COPIER <input type="checkbox"/> HAMADA <input type="checkbox"/> 11 x 18 <input type="checkbox"/> DAVIDSON <input type="checkbox"/> DG880 <input type="checkbox"/> HEIDI				CONTACT PRINT			
PRESSES	INK: <u>Black</u>	NO. UP: <u>2</u>	IMP. PER SIDE: <u>1750</u>	1st	2nd	NEGATIVES: <u>10 x 12</u>			
	PRESS NO: <u>D-7</u>	NO. UP:	IMP. PER SIDE:	1st	2nd	POSITIVE/PMT: <u>9 x 12</u>			
MATERIAL	PRESS SIZE: <u>8 1/2 x 11</u>	SIZE CUT FROM:	KIND USED: <u>11</u>	QUANTITY USED:		MASKING			
	PRESS STOCK: <u>Inches</u>	WEIGHT: <u>110</u>	COLOR: <u>Blue</u>	AMOUNT: <u>1750 sheets</u>	INVENTORY: <u>8-7-00</u>	PLATE			
						PLATEMAKER			
						COPIER: <u>1750</u>			
BINDERY	<input type="checkbox"/> PAD <input type="checkbox"/> COLLATE <input type="checkbox"/> PERFORATE <input type="checkbox"/> FOLD	<input checked="" type="checkbox"/> TRIM <u>8 1/2 x 5 1/2</u>	NUMBER BEGINNING:			COPIER	<u>10</u>		
	<input type="checkbox"/> PUNCH <input type="checkbox"/> STAPLE <input type="checkbox"/> ROUND CORNER <input type="checkbox"/> SCORE	<input type="checkbox"/> MINABINDA <input type="checkbox"/> SADDLESTITCH <input type="checkbox"/> GBC/SPIRAL <input type="checkbox"/> VELOBIND <input type="checkbox"/> XEROX BIND				PLATE			

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	NEGS OUT
TYPE					
NEGATIVES					
PRESS					
BINDERY					
VENDOR		BID NO.	DEL.	DATE PARTIAL ORDER SENT	BY
		P.O. NO.	TERMS	DATE TO PURCH FOR BID	
			V.C.	FULL ORDER SENT	BY
				DATE DEPT. NOTIFIED	

DISTRIBUTION: 1. White - Audit Copy 2. Canary - Dept. Billing Conv 3. Pink - History File 4. Goldenrod - Dept. Conv

AU-70000441

DEPARTMENT
Registrar of Voters

DELIVER TO
Call for pickup

FORM TITLE OR DESCRIPTION OF PRINTING
Absentee App - 11/7/00

FORM NUMBER	VOUCHER NUMBER			
	CURRENT DOCUMENT NUMBER (8)			
	X 75195			
DATE OF REQUISITION <i>8/7/00</i>	SELLER'S ACCOUNTING DISTRIBUTION:			
DATE WANTED <i>8/25/00</i>	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
	<i>01</i>	<i>119</i>	<i>2346</i>	
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4)
<input type="checkbox"/> PROOF WANTED	<i>9901</i>	<i>HU</i>		<i>0077</i>

QUANTITY <i>3500</i>	ORIGINALS <i>1</i>	UNITS	MULTI-PART SETS SHEETS PER SET	NUMBER BEGINNING
-------------------------	-----------------------	-------	-----------------------------------	------------------

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
<i>02</i>	<i>250</i>	<i>5605</i>	<i>2886</i>			<i>0001</i>					

APER TYPE <input checked="" type="checkbox"/> REGULAR PAPER (BOND)	<input type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE	PAPER WEIGHT <input checked="" type="checkbox"/> 20	TYPE OF BINDING (FOR BOOKS)
<input type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT			<input type="checkbox"/> XEROX BIND	<input type="checkbox"/> WRAP AROUND
FINISHED PAPER SIZE <input type="checkbox"/> 8 1/2 X 11	<input type="checkbox"/> 8 1/2 X 14	<input checked="" type="checkbox"/> 4 1/4 X 5 1/2	<input type="checkbox"/> 8 1/2 X 5 1/2	INK COLOR <input checked="" type="checkbox"/> BLACK	PAPER COLOR <input checked="" type="checkbox"/> WHITE
<input type="checkbox"/> COLLATE	<input type="checkbox"/> STAPLE	<input type="checkbox"/> 2 ON SIDE CORNER	PUNCH <input type="checkbox"/> TOP	<input type="checkbox"/> SIDE	<input type="checkbox"/> 2 HOLE
<input type="checkbox"/> FOLD			<input type="checkbox"/> 7 HOLE	<input type="checkbox"/> 3 HOLE	<input type="checkbox"/> 1/4" HOLES
				<input type="checkbox"/> PERFORATE	<input type="checkbox"/> ROUND CORNER
				PAD <input type="checkbox"/> TOP	<input type="checkbox"/> RIGHT
				<input type="checkbox"/> BOTTOM	<input type="checkbox"/> LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS
cut in half

certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE
Sue Madhur Bader

PHONE # *X2070*
299-8640

DO NOT WRITE BELOW THIS LINE					WORK CLASSIFICATION	JOB TIME HRS. MIN	LABOR	MATERIAL
LAYOUT	<input checked="" type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT			
PLATES	NUMBER UP <i>2</i>	BACK <input type="checkbox"/> SAME AS FRONT	<input type="checkbox"/> DIFFERENT					
PRESS	NEW PLATES <i>1</i>	TYPE <input checked="" type="checkbox"/> QC MASTERS	<input type="checkbox"/> ALUM.	<input type="checkbox"/> PHOTO DIRECT	PROOF OUT <i>IN</i>			
MATERIAL	OLD PLATES	SIZE <input checked="" type="checkbox"/> COPIER	<input type="checkbox"/> HAMADA	<input type="checkbox"/> 11 x 18	<input type="checkbox"/> DAVIDSON	<input type="checkbox"/> DGR60	<input type="checkbox"/> HEIDI	
BINDERY	DATE <i>1/8/9</i>							
	INK <i>Black</i>	NO. UP <i>2</i>	IMP. PER. SIDE <i>1750</i>	1st	2nd	TOTAL PRESS RUN <i>1750</i>		
	PRESS NO. <i>D.T</i>	NO. UP	IMP. PER. SIDE	1st	2nd	TOTAL PRESS RUN		
	DATE <i>1-8-17</i>							
	PRESS SIZE <i>8 1/2 x 11</i>	SIZE CUT FROM	KIND USED	QUANTITY USED				
	PRESS STOCK <i>Bond</i>	WEIGHT <i>20</i>	COLOR <i>white</i>	AMOUNT <i>4 Reams</i>	INVENTORY	DATE/ORD. <i>7-8-1-00</i>	DATE REC.	
	<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input type="checkbox"/> FOLD	<input type="checkbox"/> TRIM	<i>8 1/2 x 5 1/2</i>		
	<input type="checkbox"/> PUNCH	<input type="checkbox"/> STAPLE	<input type="checkbox"/> ROUND CORNER	<input type="checkbox"/> SCORE	<input type="checkbox"/> NUMBER BEGINNING			
	<input type="checkbox"/> MINABINDA	<input type="checkbox"/> SADDLESTITCH	<input type="checkbox"/> GBC/SPIRAL	<input type="checkbox"/> VELOBIND	<input type="checkbox"/> XEROX BIND			

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	NEG OUT
TYPE					
NEGATIVES					
PRESS					
BINDERY					
VENDOR	BID NO.	DEL.			
	P.O. NO.	TERMS			
		V.C.			
DISTRIBUTION: 1. White - Audit Copy 2. Canary - Dept. Billing Copy 3. Pink - History File 4. Goldenrod - Dept. Copy					DATE ACCEPTED BY STARS <i>(945)</i>
TOTAL BILLING <i>69.94</i>					DATE PARTIAL ORDER SENT
					BY
					DATE TO PURCH. FOR BID
					DATE DEPT. NOTIFIED

DEPARTMENT
Registrar of Voters

DELIVER TO
Call for pickup

FORM NUMBER

VOUCHER NUMBER
CURRENT DOCUMENT NUMBER (8)
X 75196

DATE OF REQUISITION
8/17/00

DATE WANTED
8/25/00

SELLER'S ACCOUNTING DISTRIBUTION:
DOCUMENT DATE SFX T/C (3) INDEX (4)
M M D D Y Y **01 119 2346**

RSBJ (4) RD (2) PCA (5) FUND (4) FD (2)
9901 H4 0077

TYPESET
 PROOF WANTED

FORM TITLE OR DESCRIPTION OF PRINTING
Absentee Ballot Application - 11/7/00 EC# 78

QUANTITY ORIGINALS UNITS MULTI-PART SETS NUMBER BEGINNING
2000 1

BUYER'S ACCOUNTING DISTRIBUTION:
SFX T/C (3) INDEX (4) ESB (4) ED (2) PCA (5) FUND (4) FD (2) PROJECT (6) PPH (2) TASK (4) FABC (3)
02 250 5605 2586 0001

PAPER TYPE
 REGULAR PAPER (BOND) LEDGER CARBONLESS RECYCLE
 CARD STOCK SNAPOUT

FINISHED PAPER SIZE
 8 1/2 X 11 8 1/2 X 14 11 X 17 4 1/4 X 5 1/2 8 1/2 X 5 1/2

INK COLOR
 BLACK

PAPER COLOR
 WHITE PINK

TYPE OF BINDING (FOR BOOKS)
 XEROX BIND
 WRAP AROUND
 VELOBIND
 SADDLE STITCH
 GBC/SPIRAL

COLLATE FOLD STAPLE 2 ON SIDE CORNER PUNCH TOP SIDE 7 HOLE 2 HOLE 3 HOLE 1/4" HOLES 3/8" HOLES PERFORATE ROUND CORNER

PAD TOP RIGHT BOTTOM LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS
cut in half

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE
X Madhur Bagle PHONE # *Sue 299-8640*

DO NOT WRITE BELOW THIS LINE

L A Y O U T	<input checked="" type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	WORK CLASSIFICATION	JOB TIME HRS. MIN.	LABOR	MATERIAL
	NUMBER UP	BACK SAME AS FRONT <input type="checkbox"/> DIFFERENT <input type="checkbox"/>				LINO			
P L A T E S	NEW PLATES	TYPE	<input checked="" type="checkbox"/> QC MASTERS	PROOF OUT		LINO			
	OLD PLATES	SIZE	<input type="checkbox"/> ALUM. <input type="checkbox"/> DIRECT	IN		PASTE UP			
P R E S S	DATE	COPIER	<input checked="" type="checkbox"/> HAMADA	<input type="checkbox"/> 11 x 18	<input type="checkbox"/> DAVIDSON	PROOF			
	INK	NO. UP	IMP. PER SIDE	1st	2nd	CONTACT PRINT			
M A T E R I A L	DATE	NO. UP	IMP. PER SIDE	1st	2nd	NEGATIVES 10 x 12			
	PRESS SIZE	SIZE CUT FROM	KIND USED	QUANTITY USED		POSITIVE/PMT 9 x 12			
B I N D E R Y	PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	MASKING			
	DATE ORD.	DATE REC.	PRESS			PLATE			
W O R K O U T	PUNCH	STAPLE	ROUND CORNER	SCORE	MINABINDA	SADDLESTITCH	GBC/SPIRAL	VELOBIND	XEROX BIND
	TRIM	NUMBER BEGINNING				PLATEMAKER			
P R O C U R E	WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	COPIER			
	TYPE					STOCK - STOCK DIST.			
D I S T R I B U T I O N	NEGATIVES					FOLD			
	PRESS					DRILL			
D E L I V E R Y	BINDERY					PAD			
	VENDOR	BID NO.	DEL.	DATE PARTIAL ORDER SENT	BY	DATE TO PURCH. FOR BID			
D I S T R I B U T I O N	MINABINDA	SADDLESTITCH	GBC/SPIRAL	VELOBIND	XEROX BIND	BOX			
	DATE ACCEPTED BY STARS			DATE DEPT. NOTIFIED					
DISTRIBUTION:						TOTAL BILLING 50.42			
1. White - Audit Copy						DATE DEPT. NOTIFIED			
2. Canary - Dept. Billing Copy						BY <i>JP</i>			
3. Pink - History File						DATE DEPT. NOTIFIED			
4. Goldenrod - Dept. Copy						BY <i>JP</i>			

U-700000438

DEPARTMENT: Registration of Voters
 DELIVER TO: Call For pickup

FORM NUMBER: NO#
 DATE OF REQUISITION: 9/21/00
 DATE WANTED: 10/2/00

VOUCHER NUMBER: X 093913
 CURRENT DOCUMENT NUMBER (8):
 SELLER'S ACCOUNTING DISTRIBUTION:
 DOCUMENT DATE: 01 119 2346
 M M D D Y Y
 RSBJ (4) RD (2) PCA (5) FUND (4) FD (2)
9901 114 0077

FORM TITLE OR DESCRIPTION OF PRINTING: Absentee Mail Ballot Instr. Sheet English

QUANTITY: 10,000
 ORIGINALS: 2
 UNITS:
 MULTI-PART SETS:
 SHEETS PER SET:
 NUMBER BEGINNING:

BUYER'S ACCOUNTING DISTRIBUTION:
 SFX T/C (3) INDEX (4) ESBJ (4) ED (2) PCA (5) FUND (4) FD (2) PROJECT (6) PPH (2) TASK (4) FABC (3)
02 250 5605 2586 0001

PAPER TYPE: REGULAR PAPER (BOND) LEDGER CARBONLESS RECYCLE
 CARD STOCK SNAPOUT

PAPER WEIGHT: 20
 TYPE OF BINDING (FOR BOOKS):
 XEROX BIND WRAP AROUND VELOBIND SADDLE STITCH GBC/SPIRAL

FINISHED PAPER SIZE: 8 1/2 X 11 8 1/2 X 14 4 1/4 X 5 1/2 8 1/2 X 5 1/2

INK COLOR: BLACK

PAPER COLOR: WHITE Green

PAD: TOP RIGHT BOTTOM LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS: Fold in half Sue by phone 9/22 @ 3:00pm

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE: Sue
X Edna 9-21-00 PHONE # 299-8400x2070

DO NOT WRITE BELOW THIS LINE

LAYOUT	<input type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input checked="" type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	WORK CLASSIFICATION	JOB TIME HRS MIN	LABOR	MATERIAL	
	NUMBER UP <u>2</u>	BACK <input type="checkbox"/> SAME AS FRONT <input checked="" type="checkbox"/> DIFFERENT				LINO				
PLATES	NEW PLATES <u>2</u>	TYPE <input type="checkbox"/> OC MASTERS <input type="checkbox"/> ALUM. <input checked="" type="checkbox"/> PHOTO DIRECT	PROOF OUT				LINO			
	OLD PLATES	SIZE <input type="checkbox"/> COPIER <input type="checkbox"/> HAMADA <input type="checkbox"/> 11 x 18 <input type="checkbox"/> DAVIDSON <input type="checkbox"/> DG860 <input type="checkbox"/> HEIDI	IN				PASTE UP	<u>6</u>		
PRESS	DATE <u>10/25/00</u>	INK <u>BLACK</u>	NO. UP <u>2</u>	IMP PER SIDE <u>10m</u>	1st <u>10m</u>	2nd <u>20m</u>	PROOF			
	DATE <u>10/25/00</u>	PRESS NO. <u>2</u>	NO. UP	IMP PER SIDE	1st	2nd	CONTACT PRINT			
MATERIAL	PRESS SIZE <u>11 x 17</u>	SIZE CUT FROM <u>Bond</u>	KIND USED	QUANTITY USED				NEGATIVES <u>10 x 12</u>		
	WEIGHT <u>20</u>	COLOR <u>GREEN</u>	AMOUNT <u>2000</u>	INVENTORY <u>2000</u>	DATE ORD. <u>9-21</u>	DATE REC. <u>10-25</u>	POSITIVE/PMT <u>9 x 12</u>			
BINDERY	<input type="checkbox"/> PAD <input type="checkbox"/> COLLATE <input type="checkbox"/> PERFORATE <input checked="" type="checkbox"/> FOLD <input checked="" type="checkbox"/> TRIM	<input type="checkbox"/> PUNCH <input type="checkbox"/> STAPLE <input type="checkbox"/> ROUND CORNER <input type="checkbox"/> SCORE <input type="checkbox"/> NUMBER BEGINNING							MASKING	
	<input type="checkbox"/> MINABINDA <input type="checkbox"/> SADDLESTITCH <input type="checkbox"/> GBC/SPIRAL <input type="checkbox"/> VELOBIND <input type="checkbox"/> XEROX BIND							PLATE		

WORK ORDER	WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	NEGS OUT
	TYPE					SPECIAL HANDLING
	NEGATIVES					TOTAL BILLING <u>613.76</u>
	PRESS					
PURCHASE ORDER	BINDERY					
	VENDOR	BID NO.	DEL.	DATE PARTIAL ORDER SENT	DATE TO FURNISH FOR DEL.	
		P.O. NO.	TERMS	DATE DEPT. NOTIFIED		
			V.C.			

DISTRIBUTION: 1. White - Audit Copy 2. Green - Dept. Billing Copy 3. Pink - History File 4. Goldenrod - Dept. Copy

DATE ACCEPTED BY STARS: 996 OCT 10 2000

SP2101001280

DEPARTMENT: Registrar of Voters
 DELIVER TO: Call for pickup

FORM NUMBER NOE	VOUCHER NUMBER CURRENT DOCUMENT NUMBER (8) X 093911			
DATE OF REQUISITION <u>9/21/00</u>	SELLER'S ACCOUNTING DISTRIBUTION:			
DATE WANTED <u>9/27/00</u>	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
	M M D D Y Y			
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4)
<input type="checkbox"/> PROOF WANTED	9901	84		0077

FORM TITLE OR DESCRIPTION OF PRINTING: Absentee/Mail Ballot Instr. Sheet Eng/Spanish
 QUANTITY: 30,000
 ORIGINALS: 2
 UNITS: 1
 MULTI-PART SETS SHEETS PER SET: 1
 NUMBER BEGINNING: 1

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
<u>02</u>	<u>250</u>	<u>5605</u>	<u>2586</u>			<u>0001</u>					

PAPER TYPE				PAPER WEIGHT				TYPE OF BINDING (FOR BOOKS)			
<input checked="" type="checkbox"/> REGULAR PAPER (BOND)	<input type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE	<input type="checkbox"/> 20	<input checked="" type="checkbox"/> 24	<input type="checkbox"/> XEROX BIND	<input type="checkbox"/> WRAP AROUND	<input type="checkbox"/> VELOBIND	<input type="checkbox"/> SADDLE STITCH	<input type="checkbox"/> GBC/SPIRAL	<input type="checkbox"/> SUE
FINISHED PAPER SIZE				INK COLOR				PAPER COLOR			
<input checked="" type="checkbox"/> 8 1/2 X 11	<input type="checkbox"/> 8 1/2 X 14	<input type="checkbox"/> 4 1/4 X 5 1/2	<input type="checkbox"/> 8 1/2 X 5 1/2	<input checked="" type="checkbox"/> BLACK	<input type="checkbox"/>	<input checked="" type="checkbox"/> WHITE	<input type="checkbox"/> 20/50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUNCH				PAD				PERFORATE			
<input type="checkbox"/> COLLATE	<input type="checkbox"/> STAPLE	<input type="checkbox"/> 2 ON SIDE CORNER	<input type="checkbox"/> PUNCH TOP	<input type="checkbox"/> SIDE 7 HOLE	<input type="checkbox"/> 2 HOLE	<input type="checkbox"/> 1/4" HOLES	<input type="checkbox"/> PERFORATE ROUND CORNER	<input type="checkbox"/> TOP	<input type="checkbox"/> RIGHT	<input type="checkbox"/>	<input type="checkbox"/>

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS: Fold in half - by phone on 9-23-00
PARTIAL OK w/ SUE on 9/27/00

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE: X Elaine Jones 9-21-00 PHONE # 299-8640 x2070

DO NOT WRITE BELOW THIS LINE										
LAYOUT	WORK CLASSIFICATION				JOB TIME		LABOR		MATERIAL	
<input type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input checked="" type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	LINO					
NUMBER UP	BACK	SAME AS FRONT	<input checked="" type="checkbox"/> DIFFERENT		LINO					
NEW PLATES	TYPE	CC MASTERS	PROOF OUT		PASTE UP					
<u>2</u>	<input checked="" type="checkbox"/> ALUM.	<input checked="" type="checkbox"/> PHOTO DIRECT	IN		PROOF					
OLD PLATES	SIZE	COPIER	HAMADA	11 x 18	CONTACT PRINT					
DATE		DAVIDSON	DG860	HEIDI	NEGATIVES <u>2</u> 10 x 12					
INK	NO. UP	IMP. PER SIDE	1st	2nd	POSITIVE/PMT 9 x 12					
<u>BLACK</u>	<u>2</u>	<u>130M</u>	<u>130M</u>	<u>260M</u>	MASKING					
PRESS NO.	DATE	IMP. PER SIDE	1st	2nd	PLATE					
<u>Web</u>	<u>10/2/00</u>				PLATEMAKER					
PRESS SIZE	SIZE CUT FROM	KIND USED	QUANTITY USED		COPIER	<u>0M</u>	<u>2</u>			
<u>8 1/2 x 11</u>		<u>Roll</u>			PRESS	<u>860</u>	<u>7</u>			
PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	DATE ORD.	DATE REC.	STOCK - STOCK DIST.			
<u>Bead</u>	<u>504</u>	<u>WHT</u>	<u>130</u>	<u>Sumner</u>	<u>08</u>	<u>9-22</u>	<u>670</u>			
<u>Dull</u>										
BINDERY	<input checked="" type="checkbox"/> FOLD - <u>8 1/2 x 11</u>				WRAPPING/FOLDING		<u>26</u>	<u>30</u>		
<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input checked="" type="checkbox"/> FOLD	<input checked="" type="checkbox"/> TRIM	FOLD		<u>Whtng</u>			
<input type="checkbox"/> PUNCH	<input type="checkbox"/> STAPLE	<input type="checkbox"/> ROUND CORNER	<input type="checkbox"/> SCORE	<input type="checkbox"/> NUMBER BEGINNING	DRILL					
<input type="checkbox"/> MINABINDA	<input type="checkbox"/> SADDLE STITCH	<input type="checkbox"/> GBC/SPIRAL	<input type="checkbox"/> VELOBIND	<input type="checkbox"/> XEROX BIND	PAD BOX		<u>30MVBK</u>			

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	NEGS OUT
TYPE		<u>300</u>			
NEGATIVES					
PRESS					
BINDERY					
TOTAL BILLING					<u>5309.14</u>
VENDOR	BID NO.	DEL	DATE PARTIAL ORDER SENT	DATE TO PURCH FOR BID	
			<u>09-27-00 01 57</u>		
	P.O. NO.	TERMS	DATE DEPT. NOTIFIED		
			<u>10-03-00 16</u>		
DATE ACCEPTED					<u>187</u>
BY STARS PTE					<u>187</u>

DISTRIBUTION: 1. White - Audit Copy 2. Canary - Dept. Billing Copy 3. Pink - History File 4. Goldenrod - Dept. Copy

DEPARTMENT: Registrar of Voters
 DELIVER TO: Call For pickup

FORM NUMBER NO 3	VOUCHER NUMBER CURRENT DOCUMENT NUMBER (8) X 093912		
DATE OF REQUISITION 9/25/00	SELLER'S ACCOUNTING DISTRIBUTION:		
DATE WANTED 10/6/00	DOCUMENT DATE	SFX	T/C (3) INDEX (4)
	10/11/00	01	119 2346
<input type="checkbox"/> TYPESET	M M D D Y Y	PC A (5)	FUND (4) FD (2)
<input type="checkbox"/> PROOF WANTED	RSBJ (4) FD (2)	PCA (5)	FUND (4) FD (2)
	9901	114	0077

FORM TITLE OR DESCRIPTION OF PRINTING
Absentee-Mail Insta Sheet - Eng/Viet

QUANTITY 10,000	ORIGINALS 2	UNITS	MULTI-PART SETS SHEETS PER SET	NUMBER BEGINNING
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> REVISION	<input type="checkbox"/> RERUN	<input type="checkbox"/> 1 SIDE ONLY	<input checked="" type="checkbox"/> 2ND SIDE HEAD-HEAD

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (8)	PPH (2)	TASK (4)	FABC (3)
02	250	5605	2586			0001					

PAPER TYPE <input checked="" type="checkbox"/> REGULAR PAPER (BOND)	<input type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE
<input type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT		
FINISHED PAPER SIZE <input checked="" type="checkbox"/> 8 1/2 X 11	<input type="checkbox"/> 4 1/4 X 5 1/2	<input type="checkbox"/> 8 1/2 X 5 1/2	INK COLOR <input checked="" type="checkbox"/> BLACK
<input type="checkbox"/> COLLATE	<input type="checkbox"/> STAPLE	<input type="checkbox"/> 2 ON SIDE CORNER	PUNCH <input type="checkbox"/> TOP
<input checked="" type="checkbox"/> FOLD	<input type="checkbox"/> SIDE 7 HOLE	<input type="checkbox"/> 2 HOLE	<input type="checkbox"/> 1/4" HOLES
	<input type="checkbox"/> 3 HOLE	<input type="checkbox"/> 3/8" HOLES	<input type="checkbox"/> PERFORATE ROUND CORNER
			PAD <input type="checkbox"/> TOP
			<input type="checkbox"/> BOTTOM
			<input type="checkbox"/> RIGHT
			<input type="checkbox"/> LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS: Fold in half

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE: Sue
 PHONE # 299-8680 x 2070

DO NOT WRITE BELOW THIS LINE					WORK CLASSIFICATION	JOB TIME HRS. MIN.	LABOR	MATERIAL
LAYOUT	<input type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input checked="" type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT			
PLATES	NUMBER UP 1	<input type="checkbox"/> BACK SAME AS FRONT	<input checked="" type="checkbox"/> DIFFERENT					
PRESSES	NEW PLATES 2	TYPE <input type="checkbox"/> QC MASTERS	<input checked="" type="checkbox"/> PHOTO DIRECT	PROOF OUT				
MATERIAL	OLD PLATES	SIZE <input type="checkbox"/> COPIER	<input type="checkbox"/> HAMADA	<input type="checkbox"/> 11 x 18	<input type="checkbox"/> DAVIDSON	<input type="checkbox"/> DG880	<input type="checkbox"/> HEIDI	
BINDERY	INK BLACK	NO. UP 1	IMP. PER SIDE 10m	1st	2nd	TOTAL PRESS RUN 20M		
	PRESS NO. 2	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN		
	DATE 10/5/00							
	PRESS SIZE 8 1/2 x 11	SIZE CUT FROM	KIND USED	QUANTITY USED				
	PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	DATE ORD.	DATE REC.	
	BMD	20	BLUE	20 Reams		OK	9-27	
	<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input checked="" type="checkbox"/> FOLD	<input type="checkbox"/> TRIM			
	<input type="checkbox"/> PUNCH	<input type="checkbox"/> STAPLE	<input type="checkbox"/> ROUND CORNER	<input type="checkbox"/> SCORE	<input type="checkbox"/> NUMBER BEGINNING			
	<input type="checkbox"/> MINABINDA	<input type="checkbox"/> SADDLESTITCH	<input type="checkbox"/> GBC/SPIRAL	<input type="checkbox"/> VELOBIND	<input type="checkbox"/> XEROX BIND			
						PRESS #2	4 45	
						STOCK - STOCK DIST.	12	68.00
						FOLD -	2 -	
						DRILL		
						PAD		
						BOX 2 NEW		
						TYPESETTING OUT		
						PRESS OUT		
						BINDERY OUT		
						NEGS OUT		
						SPECIAL HANDLING		
						TOTAL BILLING		607.17

WORK OUT	WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	
	TYPE					
	NEGATIVES					
	PRESS					
BINDER	BINDERY					
	VENDOR					
	BID NO.		DEL.			
	P.O. NO.		TERMS			
			V.C.			
				DATE PARTIAL ORDER SENT	BY	DATE TO PURCH FOR BID
				10/9/00		
				DATE DEPT. NOTIFIED		
				DATE ACCEPTED BY STARS	996	OCT 18 2000

DISTRIBUTION: 1. White - Audit Copy 3. Pink - History File 4. Goldenrod - Dept. Copy

SP 26 0100 1320

DEPARTMENT **REG. OF VOTERS**

DELIVER TO **CALL AL SALCEDO 299-4008**

#140

FORM TITLE OR DESCRIPTION OF PRINTING **FVB INSTRUCTIONS - 1/2 SHEET**

FORM NUMBER NDA	VOUCHER NUMBER CURRENT DOCUMENT NUMBER (8) X 75296			
DATE OF REQUISITION 10-20	SELLER'S ACCOUNTING DISTRIBUTION:			
DATE WANTED ASAP 10/20	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
	Q1	119	2346	
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4)
<input type="checkbox"/> PROOF WANTED	9901	H4		0077

QUANTITY 25,000	ORIGINALS 1	UNITS	MULTI-PART SETS SHEETS PER SET	NUMBER BEGINNING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
02	250	5609	2586			0001					

PAPER TYPE <input type="checkbox"/> REGULAR PAPER (BOND)	<input type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE	PAPER WEIGHT <input checked="" type="checkbox"/> 20	TYPE OF BINDING (FOR BOOKS) <input type="checkbox"/> XEROX BIND <input type="checkbox"/> WRAP AROUND <input type="checkbox"/> VELOBIND <input type="checkbox"/> SADDLE STITCH <input type="checkbox"/> GBC/SPIRAL
<input type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT			<input type="checkbox"/> PAPER COLOR <input checked="" type="checkbox"/> WHITE	
FINISHED PAPER SIZE <input type="checkbox"/> 8 1/2 X 11	<input type="checkbox"/> 8 1/2 X 14 11 X 17	<input checked="" type="checkbox"/> 4 1/4 X 5 1/2 8 1/2 X 5 1/2	INK COLOR <input checked="" type="checkbox"/> BLACK	PAPER COLOR <input type="checkbox"/> WHITE	
<input type="checkbox"/> COLLATE	<input type="checkbox"/> STAPLE	<input type="checkbox"/> 2 ON SIDE CORNER	<input type="checkbox"/> PUNCH TOP	<input type="checkbox"/> SIDE	<input type="checkbox"/> 2 HOLE
<input type="checkbox"/> FOLD			<input type="checkbox"/> 7 HOLE	<input type="checkbox"/> 3 HOLE	<input type="checkbox"/> 3/8" HOLES
				<input type="checkbox"/> PERFORATE	<input type="checkbox"/> ROUND CORNER
				PAD <input type="checkbox"/> TOP	<input type="checkbox"/> RIGHT
				<input type="checkbox"/> BOTTOM	<input type="checkbox"/> LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS
PRINT PER ATTACHED SAMPLE

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE
X Elaine [Signature]

DO NOT WRITE BELOW THIS LINE						WORK CLASSIFICATION	JOB TIME HRS. MIN.	LABOR	MATERIAL
LAYOUT	<input checked="" type="checkbox"/> SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	LINO			
NUMBER UP	2	BACK SAME AS FRONT	<input type="checkbox"/>	DIFFERENT	<input type="checkbox"/>	PASTE UP			
NEW PLATES	1	TYPE <input checked="" type="checkbox"/> QC MASTERS	PHOTO	PROOF OUT		PROOF			
OLD PLATES		SIZE <input checked="" type="checkbox"/> COPIER	HAMADA	11 x 18	DAVIDSON	NEGATIVES 10 x 12			
DATE						POSITIVE/PMT 9 x 12			
INK	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN	MASKING			
PRESS NO. 2.1	2	12,500			12,500	PLATE			
DATE 10.20.00					\$262.50	PLATEMAKER			
						COPIER 12,500			
PRESS SIZE 5 1/2 x 11	SIZE CUT FROM	KIND USED	QUANTITY USED						
PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	DATE ORD.	DATE REC.	PRESS		
BOND	20	WHITE	25 Rms	CA	10-20		STOCK - STOCK DIST.		5525
							FOLD		
							DRILL		
							PAD		
							BOX		
BINDERY	<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input type="checkbox"/> FOLD	<input checked="" type="checkbox"/> TRIM	8 1/2 x 5 1/2	TYPESETTING OUT		
	<input type="checkbox"/> PUNCH	<input type="checkbox"/> STAPLE	<input type="checkbox"/> ROUND CORNER	<input type="checkbox"/> SCORE	<input type="checkbox"/> NUMBER BEGINNING		PRESS OUT		
	<input type="checkbox"/> MINABINDA	<input type="checkbox"/> SADDLESTITCH	<input type="checkbox"/> GBC/SPIRAL	<input type="checkbox"/> VELOBIND	<input type="checkbox"/> XEROX BIND		BINDERY OUT		

WORK OUT	WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	NEGS OUT			
	TYPE					SPECIAL HANDLING			
	NEGATIVES					TOTAL BILLING	339.30		
	PRESS					DATE PARTIAL ORDER SENT	BY	DATE TO PURCH FOR BID	
PURCH	BINDERY					FULL ORDER SENT	10 22 00	BY	DATE DEPT NOTIFIED
	VENDOR	BID NO:	DEL.			DATE ACCEPTED	119	OCT 27 2000	
		P.O. NO.	TERMS	V.C.		BY STARS			

DISTRIBUTION: 1. White - Audit Copy 2. Canary - Dept. Billing Copy 3. Pink - History File 4. Goldenrod - Dept. Copy

DEPARTMENT
Registrar of Voters

LIVER TO
Call for pickup

FORM NUMBER	VOUCHER NUMBER			
	CURRENT DOCUMENT NUMBER (8)			
DATE OF REQUISITION <i>8/7/00</i>	X 093903			
DATE WANTED <i>8/25/00</i>	SELLER'S ACCOUNTING DISTRIBUTION:			
	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
			<i>01</i>	<i>119</i>
	M M D D Y Y			<i>2346</i>
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4)
<input type="checkbox"/> PROOF WANTED	<i>9901</i>	<i>HD</i>		<i>0077</i>

FORM TITLE OR DESCRIPTION OF PRINTING
Sign your name - Return Env. 11/7/00

QUANTITY
500

ORIGINALS
1

UNITS

MULTI-PART SETS
SHEETS PER SET

NUMBER BEGINNING

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
<i>02</i>	<i>250</i>	<i>5605</i>	<i>2586</i>			<i>0001</i>					

APER TYPE	<input type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE	PAPER WEIGHT	TYPE OF BINDING (FOR BOOKS)		
<input type="checkbox"/> REGULAR PAPER (BOND)	<input type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT	<input type="checkbox"/>	<input checked="" type="checkbox"/> 20	<input type="checkbox"/> XEROX BIND	<input type="checkbox"/> WRAP AROUND	<input type="checkbox"/> VELOBIND
NISHED PAPER SIZE	INK COLOR		PAPER COLOR		<input type="checkbox"/> SADDLE STITCH	<input type="checkbox"/> GBC/SPIRAL	
<input type="checkbox"/> 8 1/2 X 11	<input type="checkbox"/> 8 1/2 X 14	<input checked="" type="checkbox"/> 4 1/4 X 5 1/2	<input checked="" type="checkbox"/> BLACK	<input checked="" type="checkbox"/> WHITE			
<input type="checkbox"/> COLLATE	<input type="checkbox"/> STAPLE	<input type="checkbox"/> 2 ON SIDE CORNER	<input type="checkbox"/> PUNCH TOP	<input type="checkbox"/> SIDE 7 HOLE	<input type="checkbox"/> .2 HOLE	<input type="checkbox"/> 1/4" HOLES	<input type="checkbox"/> PERFORATE ROUND CORNER
<input type="checkbox"/> FOLD			<input type="checkbox"/> 3 HOLE	<input type="checkbox"/> 3/8" HOLES			

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS
cut in half

certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE
C. Madhoo

PHONE # *2070*
299-8640

DO NOT WRITE BELOW THIS LINE					WORK CLASSIFICATION	JOB TIME HRS. MIN.	LABOR	MATERIAL
LAYOUT	<input checked="" type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	LINO			
PLATES	NUMBER UP <i>2</i>	BACK SAME AS FRONT	DIFFERENT	PROOF OUT	PASTE UP			
	NEW PLATES <i>1</i>	TYPE <input type="checkbox"/> OC MASTERS	<input type="checkbox"/> PHOTO ALUM.	<input type="checkbox"/> DIRECT	PROOF			
	OLD PLATES	SIZE <input checked="" type="checkbox"/> COPIER	<input type="checkbox"/> HAMADA	<input type="checkbox"/> 11 x 18	CONTACT PRINT			
	DATE <i>1/8-16</i>				NEGATIVES <i>10 x 12</i>			
PRESS	INK <i>Black</i>	NO. UP <i>2</i>	IMP. PER SIDE <i>250</i>	TOTAL PRESS RUN <i>500</i>	POSITIVE/PMT <i>9 x 12</i>			
	PRESS NO. <i>D.T.</i>				MASKING			
	DATE <i>18-16</i>				PLATE			
MATERIAL	PRESS SIZE <i>8 1/2 x 11</i>	SIZE CUT FROM	KIND USED	QUANTITY USED	PLATEMAKER			
	PRESS STOCK <i>1500</i>	WEIGHT <i>20</i>	COLOR <i>white</i>	AMOUNT <i>10-7-00</i>	COPIER <i>250</i>		<i>6</i>	
					PRESS			
					STOCK - STOCK DIST.			<i>223</i>
BINDERY	<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input type="checkbox"/> FOLD	FOLD			
	<input type="checkbox"/> PUNCH	<input type="checkbox"/> STAPLE	<input type="checkbox"/> ROUND CORNER	<input type="checkbox"/> SCORE	DRILL			
	<input type="checkbox"/> MINABINDA	<input type="checkbox"/> SADDLESTITCH	<input type="checkbox"/> GBC/SPIRAL	<input type="checkbox"/> VELOBIND	PAD			
					BOX			
					TYPESETTING OUT			
					PRESS OUT			
					BINDERY OUT			
					NEGS OUT			
					SPECIAL HANDLING			

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	TOTAL BILLING	<i>9.23</i>
TYPE						
NEGATIVES						
PRESS						
BINDERY						
VENDOR	BID NO.	DEL.	DATE PARTIAL ORDER SENT	BY	DATE TO PURCH. FOR BID	
	P.O. NO.	TERMS	FULL ORDER SENT	BY	DATE DEPT. NOTIFIED	
		V.G.				
DISTRIBUTION:			DATE ACCEPTED BY STARS		<i>931</i>	<i>AUG 23</i>
1. White - Audit Copy			3. Pink - History File			
2. Canary - Dept. Billing Copy			4. Goldenrod - Dept. Copy			

DEPARTMENT
Registrar of Voters
 DELIVER TO
Call for pickup

FORM NUMBER	VOUCHER NUMBER				
	CURRENT DOCUMENT NUMBER (8)				
DATE OF REQUISITION	X 75197				
DATE WANTED	SELLER'S ACCOUNTING DISTRIBUTION:				
	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)	
	M M D D Y Y	01	119	2346	
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4)	FD (2)
<input type="checkbox"/> PROOF WANTED	9901	<i>H4</i>		0077	

FORM TITLE OR DESCRIPTION OF PRINTING
Your official Ballot is enclosed - (Mail BH Ltr) 11/7/00

QUANTITY	ORIGINALS	UNITS	MULTI-PART SETS	NUMBER BEGINNING	
12,000	1				
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> REVISION	<input type="checkbox"/> RERUN	<input checked="" type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-FOOT
BUYER'S ACCOUNTING DISTRIBUTION:					
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)
02	250	5605	2586		
FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
0001					

PAPER TYPE	<input type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE	PAPER WEIGHT	TYPE OF BINDING (FOR BOOKS)
<input checked="" type="checkbox"/> REGULAR PAPER (BOND)	<input type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT		<input checked="" type="checkbox"/> 20	
FINISHED PAPER SIZE	INK COLOR		PAPER COLOR		
<input type="checkbox"/> 8 1/2 X 11	<input type="checkbox"/> 8 1/2 X 14	<input type="checkbox"/> 4 1/4 X 5 1/2	<input type="checkbox"/> BLACK	<input type="checkbox"/> WHITE	<input checked="" type="checkbox"/> Green
<input type="checkbox"/> COLLATE	<input type="checkbox"/> STAPLE	<input type="checkbox"/> 2 ON SIDE CORNER	<input type="checkbox"/> PUNCH TOP	<input type="checkbox"/> SIDE	<input type="checkbox"/> 2 HOLE
<input checked="" type="checkbox"/> FOLD			<input type="checkbox"/> 7 HOLE	<input type="checkbox"/> 1/4" HOLES	<input type="checkbox"/> PERFORATE
			<input type="checkbox"/> 3 HOLE	<input type="checkbox"/> 3/8" HOLES	<input type="checkbox"/> ROUND CORNER
				<input type="checkbox"/> TOP	<input type="checkbox"/> RIGHT
				<input type="checkbox"/> BOTTOM	<input type="checkbox"/> LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS
Fold in half per Kay

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE
Sue
X Madhu Bagle
 PHONE # *X2070*
299-8640

DO NOT WRITE BELOW THIS LINE						WORK CLASSIFICATION	JOB TIME HRS. MIN	LABOR	MATERIAL
LAYOUT	<input checked="" type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	LINO			
NUMBER UP	BACK SAME AS FRONT		<input type="checkbox"/> DIFFERENT			LINO			
NEW PLATES	TYPE	<input type="checkbox"/> QC MASTERS	<input type="checkbox"/> PHOTO	PROOF OUT		PASTE UP			
OLD PLATES	SIZE	<input checked="" type="checkbox"/> COPIER	<input type="checkbox"/> HAMADA	<input type="checkbox"/> 11 x 18	<input type="checkbox"/> DAVIDSON	PROOF			
DATE				<input type="checkbox"/> DGB60	<input type="checkbox"/> HEIDI	CONTACT PRINT			
INK	NO. UP	IMP PER SIDE	1st	2nd	TOTAL PRESS RUN	NEGATIVES	10 x 12		
Black	1	12 ml			12 ml	POSITIVE/PMT	9 x 12		
PRESS NO.	NO. UP	IMP PER SIDE	1st	2nd	TOTAL PRESS RUN	MASKING			
P-T						PLATE			
DATE	18-17-00					PLATEMAKER			
PRESS SIZE	SIZE CUT FROM	KIND USED		QUANTITY USED		COPIER	12 ml	2	
8 1/2 x 11						PRESS			
PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	DATE ORD.	STOCK - STOCK DIST.			8/60
Bond	20	Green	24 Reams		7-8-7-00	FOLD			
						DRILL			
						PAD			
						BOX			
						TYPESETTING OUT			
						PRESS OUT			
						BINDERY OUT			
						NEGS OUT			
						SPECIAL HANDLING			
						TOTAL BILLING			353.50
						DATE PARTIAL ORDER SENT	BY	DATE TO PURCH FOR BID	
						FULL ORDER SENT		DATE DEPT. NOTIFIED	
						08-22-00		PPH	
						DATE ACCEPTED BY STARS	(945)		

WORK ORDER	WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN
	TYPE				
	NEGATIVES				
	PRESS				
BINDER	BINDERY				
	VENDOR				
	BID NO.		DEL.		
	P.O. NO.		TERMS		
			V.C.		

DEPARTMENT
REGISTRAR OF VOTERS

DELIVER TO
EVONNE ZAMORA

FORM NUMBER 10*	VOUCHER NUMBER CURRENT DOCUMENT NUMBER (8) X 77998			
DATE OF REQUISITION 10/1	SELLER'S ACCOUNTING DISTRIBUTION:			
DATE WANTED ASAP	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
	M M D D Y Y			
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4) FD (2)
<input type="checkbox"/> PROOF WANTED	9901			0077

FORM TITLE OR DESCRIPTION OF PRINTING
MAIL BALLOT INSTRUCTION

QUANTITY ORIGINALS UNITS MULTI-PART SETS
55,000 1 2 up

NUMBER BEGINNING

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
02	250	5605	2586			0001					

PAPER TYPE <input checked="" type="checkbox"/> REGULAR PAPER (BOND)	<input type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE	PAPER WEIGHT 20	TYPE OF BINDING (FOR BOOKS) <input type="checkbox"/> XEROX BIND <input type="checkbox"/> WRAP AROUND <input type="checkbox"/> VELOBIND <input type="checkbox"/> SADDLE STITCH <input type="checkbox"/> GBC/SPIRAL
<input type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT			PAPER COLOR <input checked="" type="checkbox"/> WHITE	
FINISHED PAPER SIZE <input checked="" type="checkbox"/> 8 1/2 X 11	<input type="checkbox"/> 8 1/2 X 14	<input type="checkbox"/> 4 1/4 X 5 1/2	<input type="checkbox"/> 8 1/2 X 5 1/2	INK COLOR <input checked="" type="checkbox"/> BLACK	PAD <input type="checkbox"/> TOP <input type="checkbox"/> RIGHT <input type="checkbox"/> BOTTOM <input type="checkbox"/> LEFT
<input type="checkbox"/> COLLATE	<input type="checkbox"/> STAPLE	<input type="checkbox"/> 2 ON SIDE CORNER	PUNCH <input type="checkbox"/> SIDE <input type="checkbox"/> TOP	<input type="checkbox"/> 2 HOLE <input type="checkbox"/> 3 HOLE	<input type="checkbox"/> 1/4" HOLES <input type="checkbox"/> 3/8" HOLES
<input type="checkbox"/> FOLD				<input type="checkbox"/> PERFORATE	<input type="checkbox"/> ROUND CORNER

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS
PLEASE CUT SHEETS IN HALF = TO TOTAL 110,000

4 1/4 x 5 1/2 SHEETS
8 1/2 x 5 1/2

DEPT. FORMS ADMINISTRATOR'S SIGNATURE
MIKE FONG - #2040

I certify that these articles are necessary for use by this department and that funds are available.

PHONE # **299-2694**

DO NOT WRITE BELOW THIS LINE						WORK CLASSIFICATION	JOB TIME HRS. MIN	LABOR	MATERIAL
LAYOUT	<input checked="" type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	Don't	45		
PLATES	NUMBER UP 2	BACK SAME AS FRONT	DIFFERENT						
PRESS	NEW PLATES 1	TYPE <input checked="" type="checkbox"/> OC MASTERS	PROOF OUT						
MATERIAL	PRESS SIZE 8 1/2 x 11	SIZE CUT FROM	KIND USED	QUANTITY USED					
BINDERY	<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input type="checkbox"/> FOLD	<input checked="" type="checkbox"/> TRIM 8 1/2 x 5 1/2				

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN
TYPE				
NEGATIVES				
PRESS				
BINDERY				
VENDOR	BID NO.	DEL.	DATE PARTIAL ORDER SENT	BY
	P.O. NO.	TERMS	DATE PURCH. FOR DEPT.	
		V.C.	DATE DEPT. NOTIFIED	
DISTRIBUTION:		DATE ACCEPTED BY STARS		
1. White - Audit Copy	2. Canary - Dept. Billing Copy	3. Pink - History File	4. Goldenrod - Dept. Copy	
		993		OCT 18 2000

00-20100137

DEPARTMENT
Registrar of Voters

DELIVER TO
call for pick up

FORM TITLE OR DESCRIPTION OF PRINTING
Mailing address Letter 11/7/00

FORM NUMBER

VOUCHER NUMBER
CURRENT DOCUMENT NUMBER (8)
X 75198

DATE OF REQUISITION
8/7/00

DATE WANTED
8/25/00

SELLER'S ACCOUNTING DISTRIBUTION:

DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
M M D D Y Y			
01	119	2346	

RSBJ (4) RD (2) PCA (5) FUND (4) FD (2)

9901 *H4* 0077

TYPESET
 PROOF WANTED

QUANTITY ORIGINALS UNITS MULTI-PART SETS NUMBER BEGINNING

2000 1

BUYER'S ACCOUNTING DISTRIBUTION:

SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
02	250	5605	2586			0001					

PAPER TYPE

REGULAR PAPER (BOND) LEDGER CARBONLESS RECYCLE

CARD STOCK SNAPOUT

PAPER WEIGHT
 20

TYPE OF BINDING (FOR BOOKS)

XEROX BIND
 WRAP AROUND
 VELOBIND
 SADDLE STITCH
 GBC/SPIRAL

FINISHED PAPER SIZE

8 1/2 X 11 8 1/2 X 14 4 1/4 X 5 1/2 8 1/2 X 5 1/2

INK COLOR
 BLACK *per Sue 018-8-00*

PAPER COLOR
 WHITE

COLLATE STAPLE 2 ON SIDE CORNER PUNCH SIDE 2 HOLE 1/4" HOLES PERFORATE PAD TOP RIGHT

FOLD TOP 7 HOLE 3 HOLE 3/8" HOLES ROUND CORNER BOTTOM LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS
FOLD in half

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE
X Madhur Bagla

PHONE # *x2070*
299-8650

DO NOT WRITE BELOW THIS LINE						WORK CLASSIFICATION	JOB TIME HRS. MIN	LABOR	MATERIAL
LAYOUT	<input checked="" type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	LINO			
	NUMBER UP <i>1</i>	BACK <input type="checkbox"/> SAME AS FRONT <input type="checkbox"/> DIFFERENT				LINO			
PLATES	NEW PLATES <i>1</i>	TYPE <input type="checkbox"/> QC MASTERS <input type="checkbox"/> ALUM. <input type="checkbox"/> PHOTO DIRECT	PROOF OUT			PASTE UP			
	OLD PLATES	SIZE <input checked="" type="checkbox"/> COPIER <input type="checkbox"/> HAMADA <input type="checkbox"/> 11 x 18 <input type="checkbox"/> DAVIDSON <input type="checkbox"/> DG860 <input type="checkbox"/> HEIDI	IN			PROOF			
	DATE <i>1/</i>					CONTACT PRINT			
PRESSES	INK <i>Black</i>	NO. UP <i>1</i>	IMP. PER SIDE <i>2</i>	1st	2nd	NEGATIVES <i>10 x 12</i>			
	PRESS NO. <i>D-1</i>	NO. UP	IMP. PER SIDE	1st	2nd	POSITIVE/RMT <i>9 x 12</i>			
	DATE <i>1-8-17-00</i>					MASKING			
	PRESS SIZE <i>8 1/2 x 11</i>	SIZE CUT FROM	KIND USED			PLATE			
MATERIAL	PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	DATE ORD.	DATE REC.		
	<i>Board</i>	<i>20</i>	<i>White</i>	<i>4 Rems</i>	<i>1/8-7-00</i>				<i>892</i>
BINDERY	<input type="checkbox"/> PAD <input type="checkbox"/> COLLATE <input type="checkbox"/> PERFORATE <input checked="" type="checkbox"/> FOLD <input type="checkbox"/> TRIM					PLATEMAKER			
	<input type="checkbox"/> PUNCH <input type="checkbox"/> STAPLE <input type="checkbox"/> ROUND CORNER <input checked="" type="checkbox"/> SCORE <input type="checkbox"/> NUMBER BEGINNING					COPIER <i>207</i>	<i>20</i>		
	<input checked="" type="checkbox"/> MINABINDA <input type="checkbox"/> SADDLESTITCH <input type="checkbox"/> GBC/SPIRAL <input type="checkbox"/> VELOBIND <input type="checkbox"/> XEROX BIND					PRESS			
						STOCK - STOCK DIST.			
						FOLD <i>-</i>	<i>30</i>		
						DRILL			
						PAD			
						BOX <i>1000</i>	<i>05</i>		
						TYPESETTING OUT			
						PRESS OUT			
						BINDERY OUT			
						NEGS OUT			
						SPECIAL HANDLING			
						TOTAL BILLING			<i>842</i>
						DATE PARTIAL ORDER SENT	BY	DATE TO PURCH. FOR BID	
						FULL ORDER SENT	BY	DATE DEPT. NOTIFIED	
						<i>9-8-2110,07P</i>	<i>RPD</i>		
						DATE ACCEPTED			
						BY STARS <i>PALE</i>			<i>SEP 5 - 2000</i>

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN
TYPE				
NEGATIVES				
PRESS				
BINDERY				
VENDOR		BID NO.	DEL.	
		P.O. NO.	TERMS	
			V.C.	

DISTRIBUTION: 1. White - Audit Copy 2. Canary - Dept Billing Copy 3. Pink - History File 4. Goldend - Dept Copy

DEPARTMENT
Registrar of Voters

DELIVER TO
Call For Pickup

FORM NUMBER	VOUCHER NUMBER			
	CURRENT DOCUMENT NUMBER (8)			
	X 093902			
DATE OF REQUISITION 8/7/00	SELLER'S ACCOUNTING DISTRIBUTION:			
DATE WANTED 8/25/00	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
	M M D D Y Y			
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4)
<input type="checkbox"/> PROOF WANTED	9901	44		0077

FORM TITLE OR DESCRIPTION OF PRINTING
Returned Absentee Ballot Header 11/7/00

QUANTITY
1500

ORIGINALS
1

UNITS

MULTI-PART SETS
SHEETS PER SET

NUMBER BEGINNING

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
02	250	5605	2586			0001					

PAPER TYPE <input checked="" type="checkbox"/> REGULAR PAPER (BOND)	<input type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE	PAPER WEIGHT <input checked="" type="checkbox"/> 20	TYPE OF BINDING (FOR BOOKS) <input type="checkbox"/> XEROX BIND <input type="checkbox"/> WRAP AROUND <input type="checkbox"/> VELOBIND <input type="checkbox"/> SADDLE STITCH <input type="checkbox"/> GBC/SPIRAL
<input type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT			<input type="checkbox"/> WHITE	
FINISHED PAPER SIZE <input checked="" type="checkbox"/> 8 1/2 X 11	<input type="checkbox"/> 8 1/2 X 14	<input type="checkbox"/> 4 1/4 X 5 1/2	INK COLOR <input checked="" type="checkbox"/> BLACK	PAPER COLOR	
<input type="checkbox"/> COLLATE	<input type="checkbox"/> STAPLE	<input type="checkbox"/> 2 ON SIDE CORNER	PUNCH <input type="checkbox"/> TOP	<input type="checkbox"/> SIDE	<input type="checkbox"/> 2 HOLE
<input type="checkbox"/> FOLD			<input type="checkbox"/> 7 HOLE	<input type="checkbox"/> 3 HOLE	<input type="checkbox"/> 1/4" HOLES
				<input type="checkbox"/> 3/8" HOLES	<input type="checkbox"/> PERFORATE
					<input type="checkbox"/> ROUND CORNER
				PAD	<input type="checkbox"/> TOP
					<input type="checkbox"/> BOTTOM
					<input type="checkbox"/> RIGHT
					<input type="checkbox"/> LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE
X Madhur Kapur

PHONE # **299-8640 x2070**

DO NOT WRITE BELOW THIS LINE						WORK CLASSIFICATION	JOB TIME HRS. MIN	LABOR	MATERIAL
LAYOUT	<input checked="" type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	LINO			
PLATES	NUMBER UP 1	BACK <input type="checkbox"/> SAME AS FRONT	<input type="checkbox"/> DIFFERENT			PASTE UP			
	NEW PLATES 1	TYPE <input type="checkbox"/> QC MASTERS	<input type="checkbox"/> PHOTO	<input type="checkbox"/> IN		PROOF			
	OLD PLATES	SIZE <input checked="" type="checkbox"/> COPIER	<input type="checkbox"/> HAMADA	<input type="checkbox"/> 11 x 18	<input type="checkbox"/> DAVIDSON	CONTACT PRINT			
	DATE 8-16					NEGATIVES 10 x 12			
PRESS	INK Black	NO. UP 1	IMP. PER SIDE 1500	1st	2nd	POSITIVE/PMT 9 x 12			
	PRESS NO. lowtech	NO. UP	IMP. PER SIDE	1st	2nd	MASKING			
	DATE 8-16					PLATE			
MATERIAL	PRESS SIZE 8 1/2 x 11	SIZE CUT FROM	KIND USED	QUANTITY USED		PLATEMAKER			
	PRESS STOCK Bond	WEIGHT 20	COLOR White	AMOUNT 3000	INVENTORY 7/8 700	COPIER 1500	18		
						PRESS			
						STOCK - STOCK/DIST.			689
BINDERY	<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input type="checkbox"/> FOLD	<input type="checkbox"/> TRIM	FOLD			
	<input type="checkbox"/> PUNCH	<input type="checkbox"/> STAPLE	<input type="checkbox"/> ROUND CORNER	<input type="checkbox"/> SCORE	<input type="checkbox"/> NUMBER BEGINNING	DRILL			
	<input type="checkbox"/> MNBINDA	<input type="checkbox"/> SADDLESTITCH	<input type="checkbox"/> GBC/SPIRAL	<input type="checkbox"/> VELOBIND	<input type="checkbox"/> XEROX BIND	PAD			
						BOX 1/NAW	05		
						TYPESETTING OUT			
						PRESS OUT			
						BINDERY OUT			
						NEGS OUT			
						SPECIAL HANDLING			
						TOTAL BILLING			46.31

WORK ORDER 42	WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN
	TYPE				
	NEGATIVES				
	PRESS				
BIBLIO 42	BINDERY				
	VENDOR	BID NO.	DEL.	DATE PARTIAL ORDER SENT	BY
		P.O. NO.	TERMS	FULL ORDER SENT	DATE TO PURCH. FOR BID
			V.C.	08/17/00	DATE DEPT. NOTIFIED
DISTRIBUTION:			DATE ACCEPTED BY STARS		
1. White - Audit Copy			945		
2. Canary - Dept. Billing Copy					
3. Pink - History File					
4. Goldenrod - Dept. Copy					

SEP 5 2000

DEPARTMENT
Registrar of Voters

DELIVER TO
Call for pickup

FORM NUMBER

VOUCHER NUMBER
CURRENT DOCUMENT NUMBER (8)
X 093910

DATE OF REQUISITION
8/17/00

DATE WANTED
8/25/00

SELLER'S ACCOUNTING DISTRIBUTION:
DOCUMENT DATE SFX T/C (3) INDEX (4)
M M O D D Y **01 119 2346**

RSBJ (4) RD (2) PCA (5) FUND (4) FD (2)
9901 14 **0077**

TYPESET
 PROOF WANTED

FORM TITLE OR DESCRIPTION OF PRINTING
Overprinting on Envelopes (ABS Processing)

QUANTITY ORIGINALS UNITS MULTI-PART SETS NUMBER BEGINNING
1400 1

SHEETS PER SET

BUYER'S ACCOUNTING DISTRIBUTION:
SFX T/C (3) INDEX (4) ESBJ (4) ED (2) PCA (5) FUND (4) FD (2) PROJECT (6) PPH (2) TASK (4) FABC (3)
02 250 5605 2884 **0001**

VIEW REVISION RERUN
1 SIDE ONLY 2ND SIDE HEAD-HEAD 2ND SIDE HEAD-FOOT

PAPER TYPE REGULAR PAPER (BOND) LEDGER CARBONLESS RECYCLE **6x9**
 CARD STOCK SNAPOUT ENVELOPES

PAPER WEIGHT 20

FINISHED PAPER SIZE 8 1/2 X 11 8 1/2 X 14 4 1/4 X 5 1/2 8 1/2 X 5 1/2

INK COLOR BLACK

PAPER COLOR WHITE

TYPE OF BINDING (FOR BOOKS)
 XEROX BIND
 WRAP AROUND
 VELOBIND
 SADDLE STITCH
 GBC/SPIRAL

COLLATE STAPLE 2 ON SIDE CORNER PUNCH SIDE 2 HOLE 1/4" HOLES PERFORATE
 FOLD TOP 7 HOLE 3 HOLE 3/8" HOLES ROUND CORNER

PAD TOP RIGHT BOTTOM LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS
*Offset - printing - supplied original onto
supplied envelopes - center left to right / vertical position 1/2" from bottom. See*

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE
Nadher - Rabe

PHONE # x 207 6
299-8640

DO NOT WRITE BELOW THIS LINE

LABOR: 1 SIDE ONLY 2ND SIDE HEAD-FOOT 2ND SIDE HEAD-HEAD 2ND SIDE HEAD-LEFT 2ND SIDE HEAD-RIGHT

WORK CLASSIFICATION: LINO, PASTE UP, PROOF, CONTACT PRINT, NEGATIVES 10 x 12, POSITIVE/PMT 9 x 12, MASKING, PLATE, PLATEMAKER, COPIER

NUMBER UP: BACK SAME AS FRONT DIFFERENT

NEW PLATES: TYPE QC MASTERS ALUM. PHOTO DIRECT IN

OLD PLATES: SIZE COPIER HAMADA 11 x 18 DAVIDSON DG880 HEIDI

DATE: *8/14*

INK: NO. UP IMP. PER SIDE 1st 2nd TOTAL PRESS RUN

PRESS NO. *6G* NO. UP IMP. PER SIDE 1st 2nd TOTAL PRESS RUN *1400*

DATE: *8/28*

PRESS SIZE: SIZE CUT FROM KIND USED QUANTITY USED

PRESS STOCK: WEIGHT COLOR AMOUNT INVENTORY DATE ORD. DATE REC. PRESS *6-2*

STOCK - STOCK DIST.

FOLD

DRILL

PAD

BOX

TYPESETTING OUT

PRESS OUT

BINDERY OUT

NEGS OUT

SPECIAL HANDLING

WORK NEEDED: TYPE, NEGATIVES, PRESS, BINDERY

VENDOR: *Supplied 6x9 ENV.*

ORDER NO. DATE OUT DATE IN

TOTAL BILLING: **180.73**

VENDOR: *299-310-0000*

BIO NO. DEL. DATE PARTIAL ORDER SENT BY DATE TO PURCH FOR BID

P.O. NO. TERMS V.C. FULL ORDER SENT DATE DEPT. NOTIFIED

DATE ACCEPTED BY STARS: *9/19*

SEP 11 2000

DISTRIBUTION: 1. White - Audit Copy 2. Canary - Dept. Billing Copy 3. Pink - History File Copy 4. Goldenrod - Dept. Copy

DEPARTMENT
Register of Voters

DELIVER TO
call for pickup

FORM TITLE OR DESCRIPTION OF PRINTING
Blank cards - white

FORM NUMBER	VOUCHER NUMBER			
	CURRENT DOCUMENT NUMBER (8)			
DATE OF REQUISITION <i>8/17/00</i>	X 093904			
DATE WANTED <i>8/25/00</i>	SELLER'S ACCOUNTING DISTRIBUTION:			
	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
			<i>01 119</i>	<i>2346</i>
	M M D D Y Y			
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4) FD (2)
<input type="checkbox"/> PROOF WANTED	<i>9901</i>	<i>44</i>		<i>0077</i>

QUANTITY..	ORIGINALS	UNITS	MULTI-PART SETS	NUMBER BEGINNING
<i>1500</i>			SHEETS PER SET	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NEW	REVISION	RERUN	1 SIDE ONLY	2ND SIDE HEAD-HEAD
			2ND SIDE HEAD-FOOT	
			<i>02</i>	<i>250</i>
			<i>5605</i>	<i>2584</i>

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (8)	PPH (2)	TASK (4)	FABC (3)
<i>02</i>	<i>250</i>	<i>5605</i>	<i>2584</i>			<i>0001</i>					

PAPER TYPE	<input type="checkbox"/> REGULAR PAPER (BOND)	<input checked="" type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE	PAPER WEIGHT	<input type="checkbox"/> 20	TYPE OF BINDING (FOR BOOKS)				
		<input checked="" type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT				<input type="checkbox"/> XEROX BIND	<input type="checkbox"/> WRAP AROUND	<input type="checkbox"/> VELOBIND	<input type="checkbox"/> SADDLE STITCH	<input type="checkbox"/> GBC/SPIRAL
FINISHED PAPER SIZE	<input type="checkbox"/> 8 1/2 X 11	<input type="checkbox"/> 8 1/2 X 14	<input type="checkbox"/> 4 1/4 X 5 1/2	<input checked="" type="checkbox"/> 3 3/4 X 8 1/2	INK COLOR	<input checked="" type="checkbox"/> WHITE	<input type="checkbox"/> BLACK				
	<input type="checkbox"/> 11 X 17	<input type="checkbox"/> 8 1/2 X 5 1/2									
<input type="checkbox"/> COLLATE	<input type="checkbox"/> STAPLE	<input type="checkbox"/> 2 ON SIDE CORNER	<input type="checkbox"/> PUNCH	<input type="checkbox"/> SIDE	<input type="checkbox"/> 2 HOLE	<input type="checkbox"/> 1/4" HOLES	<input type="checkbox"/> PERFORATE	PAD	<input type="checkbox"/> TOP	<input type="checkbox"/> RIGHT	
<input type="checkbox"/> FOLD			<input type="checkbox"/> TOP	<input type="checkbox"/> 7 HOLE	<input type="checkbox"/> 3 HOLE	<input type="checkbox"/> 3/8" HOLES	<input type="checkbox"/> ROUND CORNER		<input type="checkbox"/> BOTTOM	<input type="checkbox"/> LEFT	

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS
cut 1 Ream of paper into thirds

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE
X Madhu Kaye

PHONE # *X 2070*
299-8640

DO NOT WRITE BELOW THIS LINE						WORK CLASSIFICATION	JOB TIME	LABOR	MATERIAL
LAYOUT	<input type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	LINO	HRS.	MIN.	
	NUMBER UP	BACK		DIFFERENT		LINO			
		SAME AS FRONT				PASTE UP			
PLATES	NEW PLATES	TYPE	<input type="checkbox"/> QC MASTERS	PROOF OUT		PROOF			
		<input type="checkbox"/> ALUM.	<input type="checkbox"/> PHOTO DIRECT			CONTACT PRINT			
	OLD PLATES	SIZE	<input type="checkbox"/> COPIER	<input type="checkbox"/> HAMADA	<input type="checkbox"/> DAVIDSON	NEGATIVES	<i>10 x 12</i>		
	DATE		<i>5/10/00</i>	<i>11 x 18</i>	<i>HEIDI</i>	POSITIVE/PMT	<i>9 x 12</i>		
PRESS	INK	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN	MASKING		
	PRESS NO.	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN	PLATE		
	DATE						PLATEMAKER		
MATERIAL	PRESS SIZE	SIZE CUT FROM	KIND USED	QUANTITY USED		COPIER			
	PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	DATE ORD.	DATE REC.	PRESS	
	<i>Index</i>	<i>110</i>	<i>white</i>	<i>500 sheets</i>		<i>8-7-00</i>		STOCK - STOCK DIST.	<i>JP 06 1075</i>
BINDERY	<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input type="checkbox"/> FOLD	<input checked="" type="checkbox"/> TRIM	<i>3 3/4 x 8 1/2</i>		PAD	<i>TRIM 10</i>
	<input type="checkbox"/> PUNCH	<input type="checkbox"/> STAPLE	<input type="checkbox"/> ROUND CORNER	<input type="checkbox"/> SCORE	<input type="checkbox"/> NUMBER BEGINNING			BOX	<i>INW SM 65</i>
	<input type="checkbox"/> MINABINDA	<input type="checkbox"/> SADDLESTITCH	<input type="checkbox"/> GBC/SPIRAL	<input type="checkbox"/> VELOBIND	<input type="checkbox"/> XEROX BIND			TYPESETTING OUT	

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	NEGS OUT
TYPE					SPECIAL HANDLING
NEGATIVES					TOTAL BILLING
PRESS					<i>29.63</i>
BINDERY					
VENDOR	BID NO.	DEL.	DATE PARTIAL ORDER SENT	BY	DATE TO PURCH. FOR BID
	P.O. NO.	TERMS	<i>08/22/00 JP</i>	<i>JP</i>	DATE DEPT. NOTIFIED
		V.C.	DATE ACCEPTED		
			BY STARS	<i>9/11/00</i>	<i>SEP 11 2000</i>

DISTRIBUTION: 1. White - Audit Copy 3. Pink - History File

DEPARTMENT: *Registrar of Voters*
 DELIVER TO: *Call For pickup*

FORM NUMBER: _____
 VOUCHER NUMBER: _____
 CURRENT DOCUMENT NUMBER (8): **X 093906**
 DATE OF REQUISITION: *8/17/00*
 DATE WANTED: *8/25/00*
 SELLER'S ACCOUNTING DISTRIBUTION:
 DOCUMENT DATE: _____ SFX: _____ T/C (3): _____ INDEX (4): _____
 M M D D Y: **01 119 2346**
 RSBJ (4): _____ RD (2): _____ PCA (5): _____ FUND (4): _____ FD (2): _____
 TYPESET:
 PROOF WANTED:

FORM TITLE OR DESCRIPTION OF PRINTING: *Blank cards - Green*
 QUANTITY: *1500*
 ORIGINALS: UNITS: MULTI-PART SETS:
 SHEETS PER SET: _____ NUMBER BEGINNING:

BUYER'S ACCOUNTING DISTRIBUTION:
 SFX: **02** T/C (3): **250** INDEX (4): **5605** ESBJ (4): **2586** ED (2): _____ PCA (5): _____ FUND (4): **0001** FD (2): _____ PROJECT (6): _____ PPH (2): _____ TASK (4): _____ FABC (3): _____

PAPER TYPE: REGULAR PAPER (BOND) LEDGER CARBONLESS RECYCLE CARD STOCK SNAPOUT
 FINISHED PAPER SIZE: 8 1/2 X 11 8 1/2 X 14 11 X 17 4 1/4 X 5 1/2 8 1/2 X 5 1/2 *3 3/8 X 8 1/2*
 INK COLOR: BLACK
 COLLATE: FOLD STAPLE 2 ON SIDE CORNER PUNCH TOP SIDE 7 HOLE 2 HOLE 3 HOLE 1/4" HOLES 3/8" HOLES PERFORATE ROUND CORNER
 PAPER WEIGHT: 20
 PAPER COLOR: WHITE *Green*
 PAD: TOP RIGHT BOTTOM LEFT
 TYPE OF BINDING (FOR BOOKS): XEROX BIND WRAP AROUND VELOBIND SADDLE STITCH GBC/SPIRAL

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS: *cut 1 ream into thirds*

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE: *Sue*
 PHONE # *2070 299-8640*

DO NOT WRITE BELOW THIS LINE

LAYOUT	<input type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT		
	NUMBER UP	BACK	SAME AS FRONT	<input type="checkbox"/> DIFFERENT			
PLATES	NEW PLATES	TYPE	<input type="checkbox"/> OC MASTERS <input type="checkbox"/> PROOF OUT	<input type="checkbox"/> ALUM <input type="checkbox"/> DIRECT	<input type="checkbox"/> IN		
	OLD PLATES	SIZE	<input type="checkbox"/> COPIER <input type="checkbox"/> HAMADA	<input type="checkbox"/> 11 x 18 <input type="checkbox"/> DAVIDSON	<input type="checkbox"/> DG860 <input type="checkbox"/> HEIDI		
PRESSES	INK	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN	
	PRESS NO.	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN	
MATERIAL	PRESS SIZE	SIZE CUT FROM	KIND USED	QUANTITY USED			
	PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	DATE ORD.	DATE REC.
	<i>Index</i>	<i>110</i>	<i>Green</i>	<i>50 sheets</i>	<i>12-7-00</i>		
BINDERY	<input type="checkbox"/> PAD <input type="checkbox"/> COLLATE <input type="checkbox"/> PERFORATE <input type="checkbox"/> FOLD	<input checked="" type="checkbox"/> TRIM	<i>3 3/8 x 8 1/2</i>				
	<input type="checkbox"/> PUNCH <input type="checkbox"/> STAPLE <input type="checkbox"/> ROUND CORNER <input type="checkbox"/> SCORE	<input type="checkbox"/> NUMBER BEGINNING					
	<input type="checkbox"/> MINABINDA <input type="checkbox"/> SADDLESTITCH <input type="checkbox"/> GBC/SPIRAL <input type="checkbox"/> VELOBIND <input type="checkbox"/> XEROX BIND						

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN
TYPE				
NEGATIVES				
PRESS				
BINDERY				
VENDOR		BID NO.	DEL.	DATE PARTIAL ORDER SENT
		P.O. NO.	TERMS	DATE TO BE PAID FOR BY
			V.C.	DATE DEPT. NOTIFIED
				DATE ACCEPTED
				BY STARS

TOTAL BILLING: *29.00*

SEP 11 2000

AU-70000044

DISTRIBUTION: 11 - White - Audit Copy
 22 - Canary - Dept. Billing Copy
 3 - Pink - History File
 4 - Goldenrod - Dept. Copy

DEPARTMENT Registrar of Voters
 DELIVER TO Call for pickup
 FORM TITLE OR DESCRIPTION OF PRINTING Blank cards - Blue

FORM NUMBER	VOUCHER NUMBER			
	CURRENT DOCUMENT NUMBER (8)			
	X 093905			
DATE OF REQUISITION <u>8/7/00</u>	SELLER'S ACCOUNTING DISTRIBUTION:			
DATE WANTED <u>8/25/00</u>	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
	M M D D Y Y			
	01	119	2346	
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4)
<input type="checkbox"/> PROOF WANTED	9901	<u>HL</u>		0077

QUANTITY <u>1500</u>	ORIGINALS	UNITS	MULTI-PART SETS <input type="checkbox"/> SHEETS PER SET	NUMBER BEGINNING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BUYER'S ACCOUNTING DISTRIBUTION:				
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)
02	250	<u>5605</u>	<u>2586</u>	
FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)
	<u>0001</u>			

PAPER TYPE <input type="checkbox"/> REGULAR PAPER (BOND)	<input type="checkbox"/> LEDGER <input checked="" type="checkbox"/> CARD STOCK	<input type="checkbox"/> CARBONLESS <input type="checkbox"/> SNAPOUT	<input type="checkbox"/> RECYCLE	PAPER WEIGHT <input type="checkbox"/> 20	TYPE OF BINDING (FOR BOOKS)
FINISHED PAPER SIZE <input type="checkbox"/> 8 1/2 X 11	<input type="checkbox"/> 8 1/2 X 14 <input type="checkbox"/> 11 X 17	<input type="checkbox"/> 4 1/4 X 5 1/2 <input type="checkbox"/> 8 1/2 X 5 1/2	<input checked="" type="checkbox"/> <u>3 3/8 x 8 1/2</u>	INK COLOR <input type="checkbox"/> BLACK	<input type="checkbox"/> XEROX BIND
<input type="checkbox"/> COLLATE <input type="checkbox"/> FOLD	<input type="checkbox"/> STAPLE <input type="checkbox"/> 2 ON SIDE CORNER	<input type="checkbox"/> PUNCH <input type="checkbox"/> TOP	<input type="checkbox"/> SIDE <input type="checkbox"/> 7 HOLE	<input type="checkbox"/> 2 HOLE <input type="checkbox"/> 3 HOLE	<input type="checkbox"/> WRAP AROUND
					<input type="checkbox"/> VELOBIND
					<input type="checkbox"/> SADDLE STITCH
					<input type="checkbox"/> GBC/SPIRAL

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS Cut 1 rem of paper into thirds

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE X Matthew Kagle PHONE # X 2070 299-8640

DO NOT WRITE BELOW THIS LINE						WORK CLASSIFICATION	JOB TIME HRS MIN	LABOR	MATERIAL
LAYOUT	<input type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	LINO			
	NUMBER UP	BACK <input type="checkbox"/> SAME AS FRONT <input type="checkbox"/> DIFFERENT				LINO			
PLATES	NEW PLATES	TYPE	<input type="checkbox"/> QC MASTERS	PROOF ONLY		PASTE UP			
	OLD PLATES	SIZE	<input type="checkbox"/> ALUM.	<input type="checkbox"/> PHOTO DIRECT	<input type="checkbox"/> INK	PROOF			
	DATE	COPIER	HAMADA	11 x 18	DAVIDSON	CONTACT PRINT			
PRESS	INK	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN			
	PRESS NO.	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN			
	DATE								
MATERIAL	PRESS SIZE	SIZE CUT FROM	KIND USED		QUANTITY USED	NEGATIVES	10 x 12		
	PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	POSITIVE/PMT	9 x 12		
	<u>Index</u>	<u>110</u>	<u>Blue</u>	<u>500</u>	<u>5605</u>	MASKING			
						PLATE			
BINDERY	<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input type="checkbox"/> FOLD	<input checked="" type="checkbox"/> TRIM <u>3 3/8 x 8 1/2</u>	PLATEMAKER			
	<input type="checkbox"/> PUNCH	<input type="checkbox"/> STAPLE	<input type="checkbox"/> ROUND CORNER	<input type="checkbox"/> SCORE	<input type="checkbox"/> NUMBER BEGINNING	COPIER			
	<input type="checkbox"/> MINABINDA	<input type="checkbox"/> SADDLESTITCH	<input type="checkbox"/> GBC/SPIRAL	<input type="checkbox"/> VELOBIND	<input type="checkbox"/> XEROX BIND	COPIER			
						PRESS			
						STOCK - STOCK DIST.	<u>JP</u>	<u>06</u>	<u>1080</u>
						FOLD			
						DRILL			
						PAD	<u>TRIM</u>	<u>10</u>	
						BOX	<u>TALSON</u>	<u>05</u>	
						TYPESETTING OUT			
						PRESS OUT			
						BINDERY OUT			
						NEGS OUT			
						SPECIAL HANDLING			
						TOTAL BILLING		<u>29.68</u>	
						DATE PARTIAL ORDER SENT			
						DATE TO PURCH. FOR BID			
						FULL ORDER SENT	<u>08/29/00</u>	<u>JP</u>	
						DATE DEPT. NOTIFIED			
						DATE ACCEPTED	<u>9/4</u>		<u>SEP 11 2000</u>
						BY STARS			

AU-70000044

DISTRIBUTION: 1. White - Audit Copy 2. Canary - Dept. Billing Copy 3. Pink - History File 4. Goldenrod - Dept. Copy

DEPARTMENT: Registration of Voters
 DELIVER TO: Call for pickup

FORM NUMBER: _____
 DATE OF REQUISITION: 8/7/00
 DATE WANTED: 8/25/00
 TYPESET:
 PROOF WANTED:

VOUCHER NUMBER: _____
 CURRENT DOCUMENT NUMBER (8): **X-093907**
 SELLER'S ACCOUNTING DISTRIBUTION:
 DOCUMENT DATE: _____ SFX: _____ T/C (3): _____ INDEX (4): _____
 M M D D Y Y: _____ 01 119 2346
 RSBJ (4): _____ RD (2): _____ PCA (5): _____ FUND (4): _____ FD (2): _____
 9901 /14 _____ 0077

FORM TITLE OR DESCRIPTION OF PRINTING: Blank cards - Pink

QUANTITY: 1500
 ORIGINALS: _____ UNITS: _____ MULTI-PART SETS: _____
 SHEETS PER SET: _____ NUMBER BEGINNING: _____

BUYER'S ACCOUNTING DISTRIBUTION:
 SFX: 02 T/C (3): 250 INDEX (4): 5605 ESBJ (4): 2586 ED (2): _____ PCA (5): _____ FUND (4): 0001 FD (2): _____ PROJECT (6): _____ PPH (2): _____ TASK (4): _____ FABC (3): _____

PAPER TYPE: REGULAR PAPER (BOND) LEDGER CARBONLESS RECYCLE CARD STOCK SNAPOUT

PAPER WEIGHT: 20 Cherry
 TYPE OF BINDING (FOR BOOKS): XEROX BIND WRAP AROUND VELOBIND SADDLE STITCH GBC/SPIRAL

FINISHED PAPER SIZE: 8 1/2 X 11 8 1/2 X 14 11 X 17 4 1/4 X 5 1/2 8 1/2 X 5 1/2 3 3/8 x 8 1/2
 INK COLOR: BLACK PINK
 PAPER COLOR: WHITE PINK
 PAD: TOP RIGHT BOTTOM LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS: cut 1 cm of paper into thirds

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORN. ADMINISTRATOR'S SIGNATURE: [Signature] PHONE # X2070
X. Modher 849-8698

DO NOT WRITE BELOW THIS LINE

L A Y O U T	LAYOUT					WORK CLASSIFICATION	JOB TIME HRS. MIN.	LABOR	MATERIAL	
	<input type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT					
P L A T E S	NUMBER UP: _____	BACK: <input checked="" type="checkbox"/> SAME AS FRONT <input type="checkbox"/> DIFFERENT				LINO				
	NEW PLATES: _____	TYPE: <input type="checkbox"/> OC MASTERS <input type="checkbox"/> PHOTO DIRECT <input type="checkbox"/> ALUM. <input type="checkbox"/> IN				PASTE UP				
	OLD PLATES: _____	SIZE: <input type="checkbox"/> COPIER <input type="checkbox"/> HAMADA <input type="checkbox"/> 11 x 18 <input type="checkbox"/> DAVIDSON <input type="checkbox"/> DG860 <input type="checkbox"/> HEIDI				PROOF				
P R E S S	INK: _____	NO. UP: _____	IMP. PER SIDE: _____	1st: _____	2nd: _____	TOTAL PRESS RUN: _____	CONTACT PRINT			
	PRESS NO.: _____	NO. UP: _____	IMP. PER SIDE: _____	1st: _____	2nd: _____	TOTAL PRESS RUN: _____	NEGATIVES: _____ 10 x 12			
	DATE: _____						POSITIVE/PMT: _____ 9 x 12			
M A T E R I A L	PRESS SIZE: _____	SIZE CUT FROM: _____	KIND USED: _____		QUANTITY USED: _____		MASKING			
	PRESS STOCK: <u>Index</u>	WEIGHT: <u>110</u>	COLOR: <u>Cherry</u>	AMOUNT: <u>500 lbs</u>	INVENTORY: _____	DATE ORD.: <u>8-7-00</u>	DATE REC.: _____	PLATE		
							PLATEMAKER			
B I N D E R Y	<input type="checkbox"/> PAD <input type="checkbox"/> COLLATE <input type="checkbox"/> PERFORATE <input type="checkbox"/> FOLD <input checked="" type="checkbox"/> TRIM <u>3 3/8 x 8 1/2</u> <input type="checkbox"/> PUNCH <input type="checkbox"/> STAPLE <input type="checkbox"/> ROUND CORNER <input type="checkbox"/> SCORE <input type="checkbox"/> NUMBER BEGINNING <input type="checkbox"/> MINABINDA <input type="checkbox"/> SADDLESTITCH <input type="checkbox"/> GBC/SPIRAL <input type="checkbox"/> VELOBIND <input type="checkbox"/> XEROX BIND					COPIER				
						STOCK - STOCK DIST. <u>JP</u>				<u>10.80</u>
						FOLD				

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN
TYPE SETS				
NEGATIVES				
PRESS				
BINDERY				

TOTAL BILLING: 29.68

DATE PARTIAL ORDER SENT: _____ BY: _____ DATE TO PURCH FOR BID: _____
 FULL ORDER SENT: 8/25/00 JP BY: _____ DATE DEPT. NOTIFIED: _____

DATE ACCEPTED BY STARS: 8/25/00 SEP 11

DISTRIBUTION: 1. Whitey Audit Copy 2. Pinky History File 3. [unclear] 4. [unclear]

DEPARTMENT
Registrar of Voters

DELIVER TO
Call for pickup

FORM NUMBER	VOUCHER NUMBER			
	CURRENT DOCUMENT NUMBER (8)			
	X 093908			
DATE OF REQUISITION <i>8/7/00</i>	SELLER'S ACCOUNTING DISTRIBUTION:			
DATE WANTED <i>8/25/00</i>	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
	M M D D Y Y	<i>01</i>	<i>119</i>	<i>2346</i>
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4)
<input type="checkbox"/> PROOF WANTED	<i>9901</i>	<i>H4</i>		<i>0077</i>

FORM TITLE OR DESCRIPTION OF PRINTING
Blank cards - Gold Buff

QUANTITY
1500

ORIGINALS

UNITS

MULTI-PART SETS
SHEETS PER SET

NUMBER BEGINNING

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
<i>02</i>	<i>250</i>	<i>5605</i>	<i>2586</i>			<i>0001</i>					

PAPER TYPE	<input type="checkbox"/> REGULAR PAPER (BOND)	<input type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE	PAPER WEIGHT	<input type="checkbox"/> 20	TYPE OF BINDING (FOR BOOKS)				
	<input checked="" type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT				<input checked="" type="checkbox"/> <i>Buff</i>	<input type="checkbox"/> XEROX BIND	<input type="checkbox"/> WRAP AROUND	<input type="checkbox"/> VELOBIND	<input type="checkbox"/> SADDLE STITCH	<input type="checkbox"/> GBC/SPIRAL
FINISHED PAPER SIZE	<input type="checkbox"/> 8 1/2 X 11	<input type="checkbox"/> 8 1/2 X 14	<input type="checkbox"/> 4 1/4 X 5 1/2	<input type="checkbox"/> 8 1/2 X 5 1/2	INK COLOR	<input type="checkbox"/> BLACK	<input type="checkbox"/> WHITE	<input checked="" type="checkbox"/> <i>Gold</i>			
			<i>3 3/4 x 8 1/2</i>				PAD	<input type="checkbox"/> TOP	<input type="checkbox"/> RIGHT		
								<input type="checkbox"/> BOTTOM	<input type="checkbox"/> LEFT		

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS
cut 1 rem into thirds ok per Sue

certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE
X Matthew Eagle PHONE # *x2070*
299-8640

DO NOT WRITE BELOW THIS LINE						WORK CLASSIFICATION	JOB TIME HRS. MIN.	LABOR	MATERIAL
LAYOUT	<input type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	LINO			
	NUMBER UP	BACK SAME AS FRONT		DIFFERENT		PASTE UP			
PLATES	NEW PLATES	TYPE	<input type="checkbox"/> QC MASTERS	PROOF OUT		PROOF			
	OLD PLATES	SIZE	<input type="checkbox"/> ALUM.	<input type="checkbox"/> PHOTO DIRECT		CONTACT PRINT			
	DATE		<input type="checkbox"/> CORNER	<input type="checkbox"/> HAMADA	<input type="checkbox"/> 11 x 18	NEGATIVES <i>10 x 12</i>			
			<input type="checkbox"/> DAVIDSON	<input type="checkbox"/> DG860	<input type="checkbox"/> HEIDI	POSITIVE/PMT <i>9 x 12</i>			
PRESS	INK	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN	MASKING		
	PRESS NO.	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN	PLATE		
	DATE						PLATEMAKER		
MATERIAL	PRESS SIZE	SIZE CUT FROM	KIND USED		QUANTITY USED		COPIER		
	PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	DATE ORD.	PRESS		
	<i>Index</i>	<i>110</i>	<i>Buff</i>	<i>500 sheets</i>	<i>8-7-00</i>		STOCK - STOCK DIST. <i>38</i>	<i>00</i>	<i>11/15</i>
							FOLD		
							DRILL		
BINDER	<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input type="checkbox"/> FOLD	<input checked="" type="checkbox"/> TRIM	<i>3 3/4 x 8 1/2</i>	PAD <i>TRIM</i>	<i>10</i>	
	<input type="checkbox"/> PUNCH	<input type="checkbox"/> STAPLE	<input type="checkbox"/> ROUND CORNER	<input type="checkbox"/> SCORE	NUMBER BEGINNING		BOX <i>News on</i>	<i>05</i>	
	<input type="checkbox"/> MINABINDA	<input type="checkbox"/> SADDLESTITCH	<input type="checkbox"/> GBC/SPIRAL	<input type="checkbox"/> VELOBIND	<input type="checkbox"/> XEROX BIND		TYPESETTING OUT		

WORKSHEET	WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	NEGS OUT
	TYPE					SPECIAL HANDLING
	NEGATIVES					TOTAL BILLING <i>30.03</i>
	PRESS					
PURCHASE ORDER	BINDERY					
	VENDOR	BID NO.	DEL.	DATE PARTIAL ORDER SENT	BY	DATE TO PURCH FOR BID
		P.O. NO.	TERMS	DATE FULL ORDER SENT	BY	DATE DEPT. NOTIFIED
DISTRIBUTION:			DATE ACCEPTED BY STARS			SEP 11 2000

AU-7000014

DEPARTMENT: Registrar of Voters
DELIVER TO: Call for pickup

FORM NUMBER: [blank]
VOUCHER NUMBER: 093909
CURRENT DOCUMENT NUMBER (8): X
DATE OF REQUISITION: 8/17/00
DATE WANTED: 8/25/00
SELLER'S ACCOUNTING DISTRIBUTION: DOCUMENT DATE 01/119/2346

FORM TITLE OR DESCRIPTION OF PRINTING: Blank cards - Canary
QUANTITY: 1500
ORIGINALS: [blank]
UNITS: [blank]
MULTI-PART SETS: [blank]
SHEETS PER SET: [blank]

BUYER'S ACCOUNTING DISTRIBUTION: SFX 02, T/C (3) 250, INDEX (4) 5605, ESB (4) 2886, ED (2) [blank], PCA (5) [blank], FUND (4) 0001, FD (2) [blank], PROJECT (6) [blank], PPH (2) [blank], TASK (4) [blank], FAB (3) [blank]

PAPER TYPE: [blank] REGULAR PAPER (BOND), [checked] LEDGER, [checked] CARD STOCK, [blank] CARBONLESS, [blank] SNAPOUT, [blank] RECYCLE
PAPER WEIGHT: [blank] 20, [blank]
TYPE OF BINDING (FOR BOOKS): [blank] XEROX BIND, [blank] WRAP AROUND, [blank] VELOBIND, [blank] SADDLE STITCH, [blank] GBC/SPIRAL
FINISHED PAPER SIZE: [blank] 8 1/2 X 11, [blank] 8 1/2 X 14, [blank] 11 X 17, [blank] 4 1/4 X 5 1/2, [blank] 8 1/2 X 5 1/2, [checked] 3 2/3 X 8 1/2
INK COLOR: [blank] BLACK, [checked] CANARY
PAPER COLOR: [blank] WHITE, [checked] CANARY
COLLATE: [blank], FOLD: [blank], STAPLE: [blank], 2 ON SIDE CORNER: [blank], PUNCH: [blank] TOP, [blank] SIDE, [blank] 2 HOLE, [blank] 7 HOLE, [blank] 1/4 HOLES, [blank] 3/8 HOLES, [blank] PERFORATE, [blank] ROUND CORNER, PAD: [blank] TOP, [blank] BOTTOM, [blank] RIGHT, [blank] LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS: Cut 1 beam into thirds

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE: X Madhu Rode, PHONE # 299-8640

DO NOT WRITE BELOW THIS LINE
LAYOUT: [blank] 1 SIDE ONLY, [blank] 2ND SIDE HEAD-FOOT, [blank] 2ND SIDE HEAD-HEAD, [blank] 2ND SIDE HEAD-LEFT, [blank] 2ND SIDE HEAD-RIGHT
PLATES: NEW PLATES TYPE [blank] ALUM, [blank] GC MASTERS, [blank] PHOTO DIRECT, [blank] PROOF OUT IN, OLD PLATES SIZE [blank] COPIER, [blank] HAMADA, [blank] 1 1/2 x 18, [blank] DAVIDSON, [blank] DG860, [blank] HEIDI
PRESS: INK NO. UP, IMP. PER SIDE, 1st, 2nd, TOTAL PRESS RUN, PRESS NO., NO. UP, IMP. PER SIDE, 1st, 2nd, TOTAL PRESS RUN, DATE
MATERIAL: PRESS SIZE, SIZE CUT FROM, KIND USED, QUANTITY USED, PRESS STOCK, WEIGHT, COLOR, AMOUNT, INVENTORY, DATE ORD., DATE REC.
BINDERY: [blank] PAD, [blank] COLLATE, [blank] PERFORATE, [blank] FOLD, [checked] TRIM 3 2/3 x 8 1/2, [blank] PUNCH, [blank] STAPLE, [blank] ROUND CORNER, [blank] SCORE, [blank] NUMBER BEGINNING, [blank] MINABINDA, [blank] SADDLESTITCH, [blank] GBC/SPIRAL, [blank] VELOBIND, [blank] XEROX BIND

WORK NEEDED: TYPE, NEGATIVES, PRESS, BINDERY
VENDOR: [blank], BID NO., P.O. NO., DEL., TERMS, V.C.
DATE PARTIAL ORDER SENT: 8/24/00, BY: JP, DATE TO PURCH FOR BID
DATE DEPT. NOTIFIED: [blank]
TOTAL BILLING: 30.03
DATE ACCEPTED BY STARS: 9/4/00, SEP 11 2000

DISTRIBUTION: 1. White - Audit Copy, 2. Canary - Dept. Billing Copy, 3. Pink - History File, 4. Goldenrod - Dept. Copy

SUPPLIES USED
Absentee Voters Division

General Election

November 7, 2000

Election #78

DESCRIPTION	USAGE	TOTAL AMOUNT
ENV. AV1-3, WHITE/BLK (12/99) SML OUTSIDE	12,800	512.00
ENV. AV1-SV, WHITE/RED (8/98) SML OUTSIDE	0	
ENV. WHITE (9/00) SML OUTSIDE - SPECTRUM	126,600	Included in contract
ENV. AV2, WHITE/BLK, (2/99) INSIDE/RETURN	6,600	396.00
ENV. AV2, BLUE, (12/99) INSIDE/RETURN	12,200	610.00
ENV. Courtesy Reply - blue - spectrum	120,000	Included in contract
ENV. AV2SV, WHITE/RED (12/99) INSIDE/RETURN	1300	78.00
ENV. Business Reply - green - Spectrum	9,600	Included in contract
ENV. AV3, YELLOW/BLK (12/99) LG OUTSIDE	6,000	780.00
ENV. AV3SV YELLOW/RED (12/99) LG OUTSIDE	1300	143.00
STYLUS, AVB (Q-PUNCH)	200,000	2,706.00
LABEL, 1-UP, #4011, EA (1M/bx)	20 boxes	Old stock
TONER, HP LASER JET 5SI (C3909A) ENV. PRINTER	2	220.66
Inkjet Cartridge for Bryce 94 K Inkjet Printer #6195 Fast Dry Black	2	63.54
INK, METER MACHINE, OZ (100 GMS = 3.53 OZ)	4 oz.	6.24
INK, METER MACHINE, ROLL	1	21.38
STRIP LABEL, POSTAL TAPE (1000EA/PK) 10 PK/BOX	12,500	32.13
ENV. #9 RETRN W/O POSTAGE, W/ROV ret add Incomplete Ltr 875 & Mailing Address Ltr 765	1640	65.60
ENV. #10 Window, w/ROV print (Too Late Ltrs)	1565	31.30
ENV. RV1-W, 5 3/4 X 9 Window, w/ROV ret add	Not Registered - 740	59.20
	Perm requests - 2,640	211.20
ENV., A-W, (12/99) 5 3/4 x 9 no window (Mailing Add. Ltr) & no Sig	1075	43.00
ENV., RVRP (12/99) RET ADDR 5 3/4 x 8 3/4 (Perm App)	2,640	132.00
ENV., 6 X 9 KRAFT, clasp, plain	2250 1,350	116.91
Mail Ballot Letter Election Specific EL #78	Printing Services 8/7/00 - Req # 75197	12,000
AV/MB INST SHEET, ENG/SPAN	Printing Services 9/21/00 - Req # 93911	130,000
AV/MB INST SHEET, ENG/VIET	Printing Services 9/21/00 - Req # 93912	10,000
AV/MB INST SHEET, ENG/CHIN	Printing Services 9/21/00 - Req # 93913	10,000
OVERPRINTING ONTO 6 X 9 AV Processing Envelope	Printing Service 8/7/00 - Req # 93910	1,400
READ & MARK, ENG/SPAN		200,000 Included in contract

DESCRIPTION	USAGE	TOTAL AMOUNT	
(Election Specific) EL #78	Spectrum		
READ & MARK, ENG/VIET (Election Specific) EL #78	Spectrum	10,000	Included in contract
READ & MARK, ENG/CHIN (Election Specific) EL #78	Spectrum	10,000	Included in contract
Instruction sheet	Printing Services - Req # 77998	55,000	
ENV., WRITE-IN/DUP #10		150	15.00
APPLICATION, PERMANENT (blue)	Printing Services 8/7/00 - Req # 93901	2,640	
APPLICATION, AV Ballot (white) (Election Specific) EL #78	Printing Services 8/7/00 - Req # 75195	3,500	
APPLICATION, AV Ballot (pink) (Election Specific) EL #78	Printing Services 8/7/00 - Req # 75196	2,000	
AV BATCH HEADER (Election Specific) EL #78	Printing Services 8/7/00 - Req # 75194	2,000	
RETURNED AV BALLOT HEADER (Election Specific) EL #78	Printing Services 8/7/00 - Req # 93902	1,500	
ABSENTEE - NO SIG ENV LTR (Election Specific) EL #78	Printing Services 1/16/00 - Req # 75142	500	
MAILING ADDRESS LTR-AV (Election Specific) EL # 76	Printing Services 8/25/00 - Req # 75198	2,000	
AV OUTGOING MAIL LOG	- Req # IN HOUSE	75	
EMERGENCY ABSENTEE BALLOT APP	Printing Services 1/16/00 - Req # 75145	1,800	
BLANK CARDS (green)	Printing Services 8/7/00 - Req # 93906	1,500	
BLANK CARDS (white)	Printing Services 8/7/00 - Req # 93904	1,500	
BLANK CARDS (blue)	Printing Services 8/7/00 - Req # 93905	1,500	
BLANK CARDS (pink)	Printing Services 8/7/00 - Req # 93907	1,500	
BLANK CARDS (gold)	Printing Services 8/7/00 - Req # 93908	1,500	
BLANK CARDS (canary)	Printing Services 8/7/00 - Req # 93909	1,500	
BLANK POSTCARDS (Permanent AV prenotice)	3 x 5 continuous double card	8,800	176.00
POSTCARDS (Mail Ballot prenotice)	3 x 5 continuous double card	9,000	180.00
STORAGE BOX, 10 X 12 X 15 1/4		30	501.00
FILE BOX, OXFORD (Stock # 13)		85	1,357.45
MISC. LETTERS (Not reg, Incomplete, Name Change, Not in district, Address Different, App too late)		3,200	

COUNTY OF SANTA CLARA
PAYMENT VOUCHER TRANSMITTAL

Vendor Name: Vanguard Printing
 (Last Name, First, M.I., or Firm Name)

DOCUMENT DATE: 11/01/2000 DUE DATE: MM DD YY
 MM DD YY

DEPT [3]: 140

PAYMENT VOUCHER NUMBER [8]: V140261

SFX [2]	T/C [3]	INDEX [4]	ESBJ [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RFBJ [4]	RD [2]	GLA [4]	JB ACCT [5]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]	
REF DOC [8]	RSFX [2]	MOD [1]	FAC [4]	LOC [6]	CRC [4]	CI [11]	MPC [10]	F/O [1]	DMI [1]	INVOICE DESCRIPTION [30]	INVOICE # [14]									
01	230	5605	2952																	
02	230	5605	2952										Envelope # 6					246.81		20273
03	230	5605	2952																	
04	230	5605	2952																	

SEP HDLG IND: CONTRACT AUTH. #:

DIRECT PAY AUTH. CODE: BZ

TOTAL AMOUNT: 1,734.90

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

APPROVAL FOR PAYMENT: Madhu Kapla

IF ANY QUESTIONS: CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

DEPUTY CONTROLLER: CLAIMANT:

BY: DEPT: DATE ENTERED: 11/01/00

REGISTRAR OF VOTERS:

FREQUENTLY USED TRANSACTION CODES

230 - Record/increase accounts payable not previously encumbered - budgetary funds only

231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only

233 - Record/increase accounts payable previously encumbered

234 - Record an accounts payable for a revenue refund - budgetary funds

Vanguard Printing

OF NORTHERN CALIFORNIA
 26010 EDEN LANDING RD., SUITE 10
 HAYWARD, CA 94545
 (510) 670-0170
 Email: vanguard printing.com
 FAX (510) 670-0172

INVOICE

Date: 10/25/00 Inv. No.: 20273
 Due Date: 11/24/00 Page No.: 1

40399
 SANTA CLARA COUNTY
 P.O. BOX 1147 ACCOUNTS PAYABLE
 REGISTRAR OF VOTERS
 SAN JOSE CA 95108

Ship To/Remarks
 SANTA CLARA COUNTY
 1553 BERGER DR
 REGISTRAR OF VOTERS-ATTN: AL S.
 SAN JOSE CA 95108

REFERENCE: WILL CAEL/PAT PLANT TERMS: 2/ 10/ N30 YOUR #: AL S. OUR #: 14570 & 78 SALES REP: 1

DESCRIPTION ITEM NUMBER	ORDERED	SHIPPED	UNIT PRICE	EXTENDED PRICE
	UNIT MEASURE	BACK ORDERED	ITEM DISCOUNT	
ENVELOPE 6 1/2X9 1/2 REWORK Item #: ENV. 1 CTN @1500	1.5	1.5	72.0000 8.25% STX	108.00 8.91 <u>116.91</u>
ENVELOPE SURRENDERED ABSENTEE Item #: ENV. 1 CTN @1500 SHIPPED 10-17-00	1.5	1.5	80.0000 3.25% STX	120.00 9.90 <u>129.90</u>

Approved for Payment
 By A. J. [Signature]
 Date 10/24/00

SUB TOTAL	228.00
TAX	18.81
TOTAL	246.81
NET TO PAY	246.81

MADRIGAL PRINTING PRODUCTS CO.
 (Last Name, First, MI, or Firm Name)
 DOCUMENT DATE: 11/30/2000
 MM DU YY

COUNTY OF SANTA CLARA
 PAYMENT VOUCHER TRANSMITTAL

DAF - POI

DEPT (3) 140
 PAYMENT VOUCHER NUMBER (8) VI401356

Vendor Name: ...
 EFFECTIVE DATE: MM DU YY
 DUE DATE: MM DU YY

SFX [2]	TIC [3]	INDEX [4]	ESBJ [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBJ [4]	RD [2]	GLA [4]	UB [6]	ACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]
01	230	5605	1952																6,191.05	
02	230	5605	2952																779.12	
																			00.2150	

... VENDOR DATA ...
 NAME 1 (40) (Last Name, First, MI, or Firm) MADRIGAL PRINTING
 NAME 2 (40) ...
 ADDRESS (40) 1429 Alabama Street
 CITY (29) SAN FRANCISCO
 STATE (2) CA
 ZIP (9) 94110

SEP HDLG IND
 SFX [2]
 CONTRACT AUTH. # BZ
 DIRECT PAY AUTH. CODE
 TOTAL AMOUNT 6,920.17

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.
 APPROVAL FOR PAYMENT
 IF ANY QUESTIONS: CALL WILLIAM 299-8302 AT X #2023
 I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.
 BY: ... DEPT: ... DATE ENTERED: ...
 CLAIMANT: ...
 DEPUTY CONTROLLER: ...
 FREQUENTLY USED TRANSACTION CODES
 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
 232 - Record/increase accounts payable previously encumbered
 234 - Record an account payable for a revenue refund - budgetary funds

W. J. ... REGISTRAR OF VOTERS 12/08/00
 C.D. DRIVE STARS FROM PV-green 123
 054-718

Madrigal Printing
 Products and Services Company
 1429 Alabama Street
 San Francisco, CA 94110

002141

Telephone 415 241/7270 · Fax 415 241/7272

County of Santa Clara
 General Services Agency
 Registrar of Voters
 1555 Burger Dr
 San Jose California

Attn: Exonne Zamora
 Assistant Registrar of Voters

SALESPERSON	YOUR ORDER NO.	SHIP VIA	COL	PPD	SHIP DATE	TERMS	DATE	PAGE
RAMON							10/17/00	
QUANTITY	ITEM NO.	DESCRIPTION	PRICE	UNIT	DISC %	EXTENDED PRICE	TX	
1500		Absentee Ballot Boxes Printed black ink $6\frac{3}{4}'' \times 12\frac{3}{8}'' \times 10\frac{3}{4}''$				\$5,706.00		
Approved for Payment By: <u>[Signature]</u> Date: <u>11/23/00</u>								
						SALE AMOUNT	\$5,706.00	
						FREIGHT		
						SALES TAX	485.05	
						TOTAL AMOUNT		
						PAID TODAY		
						BALANCE DUE	\$6,191.05	

**Madrigal Printing
Products and Services Company**

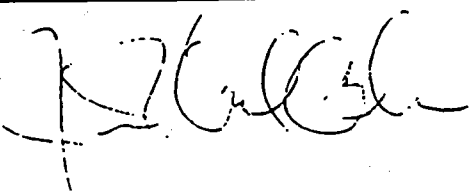
1429 Alabama Street
San Francisco, CA 94110

002150

Telephone 415 241/7270 · Fax 415 241/7272

County of Santa Clara
General Services Agency
Registrar of Voters
1555 Burger Dr.
San Jose, California

Attn: Eronne Tamora
Assistant Registrar of
Voters

SALESPERSON		YOUR ORDER NO.	SHIP VIA	COL	PPD	SHIP DATE	TERMS	DATE	PAGE
								10/29/08	
QUANTITY	ITEM NO.	DESCRIPTION			PRICE	UNIT	DISC %	EXTENDED PRICE	TX
1,500		4 1/2" x 14" white offset labels Printed black ink						\$672.00	
		Approved for Payment By <u>[Signature]</u> Date <u>11/23/08</u>							
							SALE AMOUNT	\$672.00	
							FREIGHT	57.12	
							TOTAL AMOUNT		
							PAID TODAY		
							BALANCE DUE	\$729.12	

COUNTY OF SANTA CLARA
REGISTRAR OF VOTERS
Absentee Ballots Claim
Schedule of Postage Used
FY 2001

Date	Qty	Unit Cost	Total Cost
10-Oct	308	\$2.09	\$643.72
	143	\$2.31	\$330.33
	1	\$2.53	\$2.53
	1	\$2.75	\$2.75
	30	\$0.99	\$29.70
	14	\$1.21	\$16.94
	1	\$2.09	\$2.09
	1	\$2.31	\$2.31
	1	\$2.09	\$2.09
	1	\$2.31	\$2.31
	1	\$2.31	\$2.31
	1	\$2.31	\$2.31
	3	\$2.75	\$8.25
	3	\$2.31	\$6.93
	3	\$2.75	\$8.25
	1	\$1.65	\$1.65
	1	\$1.43	\$1.43
	54	\$1.21	\$65.34
	7	\$0.99	\$6.93
11-Oct	6	\$0.99	\$5.94
	1	\$1.43	\$1.43
	1	\$1.21	\$1.21
	47	\$1.21	\$56.87
	3	\$1.43	\$4.29
	42	\$0.00	\$0.00
	71	\$0.00	\$0.00
	1	\$1.87	\$1.87
	39	\$1.21	\$47.19
	4	\$0.99	\$3.96
	2	\$0.00	\$0.00
	1	\$1.21	\$1.21
	9	\$0.99	\$8.91
	1	\$1.21	\$1.21
	1	\$1.43	\$1.43
	2	\$0.99	\$1.98
	1	\$0.77	\$0.77
	18	\$1.87	\$33.66
	2	\$2.53	\$5.06
	1	\$2.75	\$2.75
	57	\$2.31	\$131.67
	511	\$2.09	\$1,067.99
	33	\$1.21	\$39.93
	18	\$0.99	\$17.82
	18	\$2.31	\$41.58
	6	\$2.09	\$12.54
	39	\$2.09	\$81.51
	1	\$0.99	\$0.99
Sub-tota	1511		\$2,711.94

Date	Qty	Unit Cost	Total Cost
14-Oct	70	\$0.00	\$0.00
	3	\$2.09	\$6.27
	1	\$2.43	\$2.43
	4	\$2.31	\$9.24
17-Oct	1	\$0.77	\$0.77
	4	\$0.99	\$3.96
	9	\$1.21	\$10.89
	12	\$2.09	\$25.08
	29	\$0.00	\$0.00
	1	\$0.00	\$0.00
	2	\$2.09	\$4.18
	10	\$0.00	\$0.00
	12	\$0.00	\$0.00
	24	\$0.00	\$0.00
18-Oct	23	\$0.00	\$0.00
	24	\$2.09	\$50.16
	9	\$2.09	\$18.81
	24	\$2.31	\$55.44
	2	\$2.75	\$5.50
	18	\$2.09	\$37.62
	64	\$2.09	\$133.76
	15	\$2.31	\$34.65
	10	\$2.31	\$23.10
	53	\$2.09	\$110.77
	57	\$2.09	\$119.13
	89	\$2.09	\$186.01
	2	\$2.31	\$4.62
	37	\$2.09	\$77.33
	6	\$2.09	\$12.54
	1	\$1.21	\$1.21
	1	\$0.99	\$0.99
	1	\$1.21	\$1.21
	1	\$0.99	\$0.99
	2	\$0.77	\$1.54
	40	\$1.21	\$48.40
	15	\$0.99	\$14.85
	31	\$1.21	\$37.51
	28	\$1.21	\$33.88
	43	\$1.21	\$52.03
	32	\$0.99	\$31.68
	3	\$1.43	\$4.29
	2	\$1.65	\$3.30
	35	\$1.21	\$42.35
	19	\$1.21	\$22.99
	11	\$1.21	\$13.31
	8	\$1.21	\$9.68
	8	\$0.99	\$7.92
Sub-tot	896		\$1,260.39

Date	Qty	Unit Cost	Total Cost
18-Oct	20	\$1.21	\$24.20
	8	\$2.31	\$18.48
	3	\$2.75	\$8.25
	2	\$2.09	\$4.18
	4	\$2.53	\$10.12
19-Oct	31	\$2.09	\$64.79
	27	\$2.09	\$56.43
	7	\$2.09	\$14.63
	15	\$2.31	\$34.65
	10	\$2.09	\$20.90
	8	\$1.87	\$14.96
	74	\$2.31	\$170.94
	59	\$2.31	\$136.29
	24	\$2.09	\$50.16
	141	\$2.31	\$325.71
	3	\$1.21	\$3.63
	3	\$0.99	\$2.97
	1	\$1.65	\$1.65
	3	\$1.01	\$3.03
	1	\$0.99	\$0.99
	1	\$1.01	\$1.01
	3	\$1.65	\$4.95
	30	\$1.21	\$36.30
	4	\$1.43	\$5.72
	35	\$1.21	\$42.35
	1	\$1.65	\$1.65
	14	\$0.99	\$13.86
	2	\$1.21	\$2.42
	1	\$2.75	\$2.75
	370	\$2.09	\$773.30
	48	\$0.00	\$0.00
	143	\$2.09	\$298.87
	65	\$2.09	\$135.85
	127	\$2.31	\$293.37
	9	\$2.31	\$20.79
	46	\$2.09	\$96.14
	4	\$1.87	\$7.48
	1	\$0.99	\$0.99
	61	\$2.09	\$127.49
	21	\$2.31	\$48.51
	2	\$2.53	\$5.06
	1	\$2.75	\$2.75
	1	\$1.89	\$1.89
	17	\$2.31	\$39.27
	45	\$2.09	\$94.05
	3	\$2.31	\$6.93
	1	\$2.09	\$2.09
Sub-Tot	1500		\$3,032.80

Date	Qty	Unit Cost	Total Cost
19-Oct	1	\$1.87	\$1.87
	1	\$1.21	\$1.21
	5	\$1.43	\$7.15
	21	\$0.99	\$20.79
	165	\$2.09	\$344.85
	187	\$2.09	\$390.83
	57	\$1.21	\$68.97
	1	\$1.21	\$1.21
	4	\$0.99	\$3.96
	3	\$1.21	\$3.63
	19	\$2.09	\$39.71
	14	\$2.31	\$32.34
	1	\$1.87	\$1.87
	16	\$2.09	\$33.44
	25	\$2.31	\$57.75
	46	\$2.09	\$96.14
	3	\$2.31	\$6.93
	23	\$2.09	\$48.07
	8	\$0.00	\$0.00
20-Oct	11	\$1.21	\$13.31
	8	\$0.00	\$0.00
	1	\$0.00	\$0.00
	9	\$1.21	\$10.89
	2	\$1.43	\$2.86
	4	\$0.00	\$0.00
21-Oct	11	\$0.00	\$0.00
	2	\$2.09	\$4.18
	22	\$2.09	\$45.98
	13	\$2.09	\$27.17
	1	\$2.53	\$2.53
	26	\$2.09	\$54.34
	19	\$2.31	\$43.89
	1	\$1.21	\$1.21
	2	\$0.99	\$1.98
	23	\$0.00	\$0.00
	57	\$2.09	\$119.13
	21	\$2.09	\$43.89
	30	\$2.09	\$62.70
	30	\$2.09	\$62.70
	20	\$2.09	\$41.80
	20	\$2.09	\$41.80
	20	\$2.09	\$41.80
	16	\$2.09	\$33.44
	29	\$2.31	\$66.99
	42	\$2.09	\$87.78
	9	\$0.99	\$8.91
	25	\$0.99	\$24.75
	5	\$0.99	\$4.95
	2	\$1.21	\$2.42
	2	\$0.55	\$1.10
Sub-tota	1,083		\$2,013.22

Date	Qty	Unit Cost	Total Cost
21-Oct	1	\$0.55	\$0.55
23-Oct	14	\$1.21	\$16.94
	5	\$0.99	\$4.95
	4	\$1.43	\$5.72
	1	\$1.65	\$1.65
	3	\$1.43	\$4.29
	2	\$1.21	\$2.42
	1	\$1.65	\$1.65
	2	\$0.99	\$1.98
	2	\$1.21	\$2.42
	5	\$1.21	\$6.05
	2	\$1.43	\$2.86
	1	\$2.31	\$2.31
	45	\$2.09	\$94.05
	3	\$0.00	\$0.00
	4	\$1.43	\$5.72
	1	\$1.21	\$1.21
	2	\$0.99	\$1.98
	4	\$0.33	\$1.32
	31	\$2.09	\$64.79
	5	\$1.21	\$6.05
	3	\$0.99	\$2.97
	2	\$1.43	\$2.86
	32	\$2.09	\$66.88
	2	\$0.99	\$1.98
	3	\$1.21	\$3.63
	1	\$2.53	\$2.53
	1	\$1.65	\$1.65
	3	\$1.43	\$4.29
	8	\$1.21	\$9.68
	22	\$0.99	\$21.78
	12	\$1.21	\$14.52
	1	\$1.87	\$1.87
	5	\$1.43	\$7.15
	12	\$0.99	\$11.88
	8	\$1.21	\$9.68
	29	\$2.09	\$60.61
	10	\$2.31	\$23.10
	4	\$1.21	\$4.84
	24	\$0.99	\$23.76
	20	\$0.99	\$19.80
	20	\$1.21	\$24.20
	4	\$1.43	\$5.72
	1	\$1.87	\$1.87
	1	\$1.65	\$1.65
	2	\$0.99	\$1.98
	2	\$1.87	\$3.74
	2	\$0.99	\$1.98
	5	\$1.43	\$7.15
	26	\$1.21	\$31.46
Sub-tot	403		\$604.12

Date	Qty	Unit Cost	Total Cost
24-Oct	23	\$0.00	\$0.00
	26	\$2.09	\$54.34
	31	\$2.31	\$71.61
	2	\$2.53	\$5.06
	54	\$2.09	\$112.86
	10	\$1.87	\$18.70
	6	\$0.00	\$0.00
	1	\$2.09	\$2.09
	90	\$2.09	\$188.10
	9	\$2.31	\$20.79
	21	\$1.87	\$39.27
	26	\$2.31	\$60.06
	53	\$2.09	\$110.77
	23	\$2.09	\$48.07
	24	\$2.31	\$55.44
	31	\$2.09	\$64.79
	8	\$0.00	\$0.00
	11	\$1.21	\$13.31
	2	\$0.99	\$1.98
	5	\$1.43	\$7.15
	2	\$1.85	\$3.70
	12	\$2.31	\$27.72
25-Oct	10	\$0.00	\$0.00
	1	\$2.53	\$2.53
	3	\$1.87	\$5.61
	12	\$2.31	\$27.72
	17	\$2.09	\$35.53
	1	\$0.99	\$0.99
	4	\$1.21	\$4.84
	78	\$2.09	\$163.02
	15	\$1.87	\$28.05
	12	\$2.09	\$25.08
	6	\$0.00	\$0.00
	11	\$2.09	\$22.99
	7	\$2.31	\$16.17
	2	\$2.53	\$5.06
	18	\$2.09	\$37.62
	5	\$1.87	\$9.35
	33	\$2.31	\$76.23
	1	\$2.53	\$2.53
	2	\$2.31	\$4.62
	12	\$2.31	\$27.72
	28	\$2.09	\$58.52
	60	\$2.09	\$125.40
	5	\$1.87	\$9.35
	3	\$0.99	\$2.97
	8	\$1.43	\$11.44
	2	\$1.65	\$3.30
	2	\$1.65	\$3.30
	1	\$1.87	\$1.87
Sub-tota	829		\$1,617.62

Date	Qty	Unit Cost	Total Cost
25-Oct	28	\$1.21	\$33.88
	7	\$0.99	\$6.93
	7	\$1.21	\$8.47
	3	\$1.43	\$4.29
	10	\$0.99	\$9.90
	23	\$1.21	\$27.83
	1	\$1.65	\$1.65
	16	\$2.31	\$36.96
	1	\$2.75	\$2.75
	23	\$2.31	\$53.13
	2	\$3.80	\$7.60
	1	\$0.77	\$0.77
	1	\$0.99	\$0.99
	1	\$0.33	\$0.33
27-Oct	27	\$2.09	\$56.43
	4	\$2.31	\$9.24
	1	\$1.87	\$1.87
	22	\$0.00	\$0.00
	44	\$1.21	\$53.24
	229	\$0.99	\$226.71
	32	\$1.21	\$38.72
	12	\$1.65	\$19.80
	9	\$1.43	\$12.87
	30	\$2.09	\$62.70
	1	\$2.53	\$2.53
	1	\$2.31	\$2.31
	4	\$1.87	\$7.48
	3	\$0.00	\$0.00
	2	\$0.99	\$1.98
	4	\$1.21	\$4.84
	4	\$0.77	\$3.08
	14	\$0.00	\$0.00
	66	\$1.21	\$79.86
	12	\$0.99	\$11.88
	20	\$0.99	\$19.80
	2	\$1.21	\$2.42
	5	\$0.00	\$0.00
	127	\$1.21	\$153.67
	8	\$0.99	\$7.92
	2	\$1.65	\$3.30
	13	\$1.21	\$15.73
	44	\$1.21	\$53.24
	53	\$0.99	\$52.47
	57	\$1.21	\$68.97
	67	\$0.99	\$66.33
	220	\$1.21	\$266.20
	311	\$0.99	\$307.89
	4	\$1.43	\$5.72
	1	\$1.87	\$1.87
	7	\$1.87	\$13.09
Sub-tota	1586		\$1,829.64

Date	Qty	Unit Cost	Total Cost
27-Oct	5	\$0.99	\$4.85
	34	\$1.21	\$41.14
	23	\$0.99	\$22.77
	29	\$1.21	\$35.09
	298	\$0.99	\$295.02
	8	\$1.21	\$9.68
28-Oct	18	\$1.65	\$29.70
	10	\$0.99	\$9.90
	16	\$1.65	\$26.40
	2	\$1.87	\$3.74
	4	\$1.65	\$6.60
	3	\$0.00	\$0.00
	9	\$0.99	\$8.91
	25	\$1.21	\$30.25
	4	\$1.43	\$5.72
	88	\$1.21	\$106.48
	39	\$1.65	\$64.35
	28	\$0.99	\$27.72
	10	\$1.65	\$16.50
	103	\$1.21	\$124.63
	12	\$1.43	\$17.16
	4	\$0.00	\$0.00
	4	\$0.00	\$0.00
	2	\$2.31	\$4.62
	11	\$2.09	\$22.99
	5	\$1.21	\$6.05
	1	\$1.65	\$1.65
	2	\$1.21	\$2.42
	6	\$1.43	\$8.58
	1	\$1.65	\$1.65
	1	\$0.00	\$0.00
	1	\$0.99	\$0.99
	18	\$2.09	\$37.62
	2	\$2.31	\$4.62
	2	\$2.31	\$4.62
	1	\$2.75	\$2.75
	8	\$2.09	\$16.72
	6	\$2.31	\$13.86
	9	\$2.09	\$18.81
	2	\$2.09	\$4.18
	1	\$0.33	\$0.33
	15	\$0.55	\$8.25
	26	\$1.21	\$31.46
	79	\$0.99	\$78.21
	34	\$1.21	\$41.14
	19	\$1.21	\$22.99
	17	\$0.99	\$16.83
	3	\$1.21	\$3.63
	1	\$1.43	\$1.43
	5	\$0.99	\$4.95
Sub-tot	1054		\$1,248.06

Date	Qty	Unit Cost	Total Cost
28-Oct	2	\$1.65	\$3.30
	3	\$1.43	\$4.29
	6	\$1.21	\$7.26
	2	\$1.65	\$3.30
	1	\$1.87	\$1.87
	2	\$1.65	\$3.30
	55	\$1.21	\$66.55
30-Oct	41	\$0.99	\$40.59
	2	\$1.65	\$3.30
	600	\$0.99	\$594.00
	1	\$1.43	\$1.43
	1	\$1.65	\$1.65
	68	\$0.99	\$67.32
	238	\$1.21	\$287.98
	16	\$0.99	\$15.84
	300	\$1.21	\$363.00
31-Oct	200	\$1.21	\$242.00
	9	\$0.00	\$0.00
	3	\$1.65	\$4.95
	39	\$1.21	\$47.19
	300	\$1.21	\$363.00
	3	\$0.00	\$0.00
	201	\$1.21	\$243.21
	50	\$0.99	\$49.50
	44	\$1.21	\$53.24
	26	\$0.99	\$25.74
	51	\$1.21	\$61.71
	40	\$1.21	\$48.40
	75	\$1.21	\$90.75
	6	\$1.65	\$9.90
	12	\$1.21	\$14.52
	15	\$0.99	\$14.85
	19	\$1.21	\$22.99
	28	\$0.99	\$27.72
	2	\$1.21	\$2.42
	26	\$1.21	\$31.46
	8	\$1.21	\$9.68
	17	\$0.99	\$16.83
	14	\$1.21	\$16.94
	26	\$1.65	\$42.90
	117	\$1.21	\$141.57
	17	\$1.21	\$20.57
	137	\$0.99	\$135.63
	30	\$1.65	\$49.50
	26	\$0.99	\$25.74
	12	\$0.99	\$11.88
	9	\$1.65	\$14.85
	7	\$0.99	\$6.93
	22	\$1.21	\$26.62
	8	\$1.43	\$11.44
Sub-tota	2937		\$3,349.61

COUNTY OF SANTA CLARA
REGISTRAR OF VOTERS
Absentee Ballots Claim
Schedule of Postage Meter Log/Permit Usage
Fiscal Year 2001

PAGE NO.	QTY	UNIT COST	TOTAL AMOUNT
28	18	0.48 \$	13.48
29	32	0.61 \$	17.70
30	21	0.30 \$	9.14
31	72	1.95 \$	60.49
32	71	1.21 \$	38.82
33	870	11.72 \$	386.92
34	246	2.86 \$	97.13
35	206	2.09 \$	73.04
36	38	0.66 \$	23.78
37	57	1.04 \$	38.39
38	169	3.27 \$	124.19
39	91	1.44 \$	56.32
40	107	2.07 \$	82.89
41	3010	82.89 \$	3,398.34
42	222	4.43 \$	185.90
43	285	4.54 \$	195.25
44	433	11.36 \$	499.82
45	1573	34.40 \$	1,548.22
46	5	0.20 \$	9.35
48	1224	11.81 \$	566.89
49	4	0.25 \$	12.30
AVS DAILY LOG TOTAL USAGE	<u>8754</u>	<u>\$</u>	<u>7,438.36</u>
WAREHOUSE DAILY LOG USAGE	<u>678</u>	<u>0.33</u>	<u>223.74</u>
Permit Mailing - Volume Presorted	<u>85226</u>	<u>1.07</u>	<u>90800.44</u>
Permit Mailing - Volume Unsorted	<u>30238</u>	<u>1.17</u>	<u>35297.68</u>
PSI Metered @full rate - Overflow Mail	<u>1604</u>	<u>1.02</u>	<u>1638.45</u>

**COUNTY OF SANTA CLARA
PERMIT MAILING**

DATE	VOLUME PRESORTED	POSTAGE USED
10/10/2000	750	\$ 1,184.25
10/10/2000	7,350	\$ 6,754.65
10/11/2000	6,050	\$ 6,890.95
10/11/2000	3,566	\$ 3,277.15
10/12/2000	5,590	\$ 6,367.01
10/12/2000	990	\$ 1,345.41
10/13/2000	7,800	\$ 7,168.20
10/13/2000	1,160	\$ 1,321.24
10/13/2000	930	\$ 1,263.87
10/13/2000	640	\$ 1,010.56
10/13/2000	260	\$ 467.74
10/14/2000	9,600	\$ 8,822.40
10/17/2000	6,850	\$ 7,802.15
10/18/2000	5,150	\$ 5,865.85
10/19/2000	5,250	\$ 5,979.75
10/20/2000	7,150	\$ 6,570.85
10/23/2000	2,000	\$ 2,278.00
10/23/2000	1,500	\$ 2,475.00
10/24/2000	2,470	\$ 2,813.33
10/24/2000	1,470	\$ 1,350.93
10/25/2000	2,110	\$ 2,403.29
10/26/2000	1,940	\$ 2,209.66
10/26/2000	1,340	\$ 1,231.46
10/26/2000	510	\$ 805.29
10/26/2000	350	\$ 500.50
10/27/2000	1,770	\$ 2,016.03
10/27/2000	680	\$ 624.92
GRAND TOTAL	85,226	\$ 90,800.44

**COUNTY OF SANTA CLARA
PERMIT MAILING**

DATE	VOLUME UNSORTED	POSTAGE USED:
10/23/2000	16,020	\$ 19,384.20
10/23/2000	6,240	\$ 6,177.60
10/23/2000	2,140	\$ 3,060.20
10/23/2000	1,380	\$ 1,366.20
10/24/2000	1,646	\$ 1,991.66
10/24/2000	96	\$ 137.28
10/24/2000	180	\$ 297.00
10/24/2000	1,080	\$ 1,069.20
10/26/2000	392	\$ 388.08
10/26/2000	339	\$ 410.19
10/26/2000	74	\$ 105.82
10/26/2000	150	\$ 181.50
10/26/2000	60	\$ 59.40
10/26/2000	20	\$ 33.00
10/26/2000	84	\$ 138.60
10/27/2000	30	\$ 36.30
10/27/2000	37	\$ 36.63
10/27/2000	176	\$ 290.40
10/27/2000	94	\$ 134.42
GRAND TOTAL	30,238	\$ 35,297.68

**COUNTY OF SANTA CLARA
OVERFLOW MAIL (PSI METERED @ FULL RATE)**

10/10/2000		274			\$	312.62
10/23/2000		499			\$	657.14
10/24/2000		168			\$	174.46
10/25/2000		118			\$	161.92
10/26/2000		79			\$	98.89
10/27/2000		432			\$	207.68
10/28/2000		14			\$	15.62
10/31/2000		20			\$	10.12
GRAND TOTAL		1,604			\$	1,638.45

EXHIBIT F

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
ABSENTEE BALLOTS (LOCAL AGENCIES)

For State Controller Use Only:
 (19) Program Number 00002
 (20) Date Filed ___/___/___
 (21) LRS Input ___/___/___

Program
002

(01) Claimant Identification Number 9943		Reimbursement Claim Data	
(02) Claimant Name County of Santa Clara		(22) AB-1 (05)	95
County of Location Santa Clara		(23) AB-1 (08)	25
Street Address or P.O. Box 70 West Hedding Street		(24)	
City San Jose	State CA	Zip Code 95110	(25)
Type of Claim	Estimated Claim	Reimbursement Claim	(26)
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)
Fiscal Year of Cost of Cost	(06) 2002-2003	(12) 2001-2002	(30)
Total Claimed Amount	(07) \$500,000	(13) \$866,544	(31)
LESS: 10% Late Penalty, not to exceed \$1,000		(14)	(32)
LESS: Prior Claim Payment Received		(15) 341,580	(33)
Net Claimed Amount		(16) \$524,964	(34)
Due from State	(08) \$500,000	(17) \$524,964	(35)
Due to State		(18)	(36)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code 17561, I certify that I am the officer authorized by the local agency to file claims with the State of California for costs mandated by Chapter 77, Statutes of 1978 and certify under the 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 program mandated by Chapter 77, Statutes of 1978.

The amounts for Estimated and/or Reimbursement Claims are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 77, Statutes of 1978 set forth on the attached statements.

Signature of Authorized Officer

Date

Ram Venkatesan

01/07/03

Ram Venkatesan

SB 90 Coordinator

Print or type name

Title

(38) Name of Contact Person for Claim

Telephone Number **(916) 485-8102**

Patrick J. Dyer (MAXIMUS, Inc.)

E-mail Address

Program 002	MANDATED COSTS ABSENTEE BALLOTS (LOCAL AGENCIES) CLAIM SUMMARY	FORM AB-1.3
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(01) Claimant: County of Santa Clara	(02) Fiscal year costs were incurred: 2001-2002
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Claim Statistics

(03)	a. Number of ballots cast from 1/1/75 - 12/30/78	2,056,005
	b. Number of absentee ballots cast from 1/1/75 - 12/30/78	75,307
	c. Number of ballots cast in fiscal year of claim	250,303
	d. Number of absentee ballots cast in fiscal year of claim	44,057

Direct Costs

(04)	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Total Direct Costs
Total Cost of Absentee Ballots in Fiscal Year of Claim	\$139,575	\$19,533	\$784,722	\$943,830

Indirect Costs

(05) Indirect Cost Rate (From ICRP)	Salary and Benefits	94.54%
(06) Indirect Costs	[Line (04)(a)*line (05)] or [(line(05)*(line(04)(a)+line(04)(b))]	\$150,421
(07) Total Costs of Absentee Ballots in fiscal year of claim	[Line (04) (d) + line (06)]	\$1,094,251
(08) Cost per Absentee Ballot in fiscal year of claim:	[Line (07)/ line (03) (4)]	\$24.84
(09) Number of additional Absentee Ballot Filing	Line (03)(4) - [(line (03)(2)*line(03)(3))/ line (03)(1)]	34,889
(10) Total Cost of Additional Absentee Ballot Filing	[line (08) x line (09)]	\$866,544

Cost Reduction

(11) Less : Offsetting Savings, if applicable		
(12) Less: Other Reimbursements, if applicable		
(13) Total Claimed Amount:	{Line(10)- [Line (11) + line(12)]}	\$866,544

MANDATED COSTS
ABSENTEE BALLOTS
COMPONENT/ACTIVITY COST DETAIL

Form
AB-2

(01) Claimant: **COUNTY OF SANTA CLARA** (02) Fiscal Year Costs Were Incurred: **2001-2002**

(03) Reimbursable Component: Total Cost of Absentee Ballots in the Fiscal Year of Claim

(04) Description of Expenses: Complete columns (a) through (f)			Object Accounts		
(a) Employee Names, Job classifications Functions Performed, and Description of Services and Supplies	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies
PERMANENT EMPLOYEES					
DEBOK, D ACT Regular	\$20.40	12.0	\$ 245	\$ 97	
Overtime	\$30.60	-	\$ -	\$ -	
GOMEZ, C ACCTNT III Regular	\$36.79	17.5	\$ 644	\$ 224	
Overtime	\$55.18	-	\$ -	\$ -	
JOHNSON, L CT Regular	\$19.86	-	\$ -	\$ -	
Overtime	\$29.78	6.0	\$ 179	\$ 18	
PARMANAND, L CT Regular	\$20.79	12.0	\$ 250	\$ 138	
Overtime	\$31.19	-	\$ -	\$ -	
TEFFT, S. EDC Regular	\$40.94	336.0	\$ 13,757	\$ 4,110	
Overtime	\$61.42	-	\$ -	\$ -	
WONG, W. FC Regular	\$23.16	258.8	\$ 5,993	\$ 2,942	
Overtime	\$34.74	81.0	\$ 2,814	\$ 285	
Total Regular Employees		723.3	\$ 23,881	\$ 7,814	
EXTRA HELP					
ADAMS, M ICT Regular	\$14.09	288.5	\$ 4,065	\$ 412	
Overtime	\$21.14	86.0	\$ 1,818	\$ 184	
CARABAJAL, J IOC Regular	\$12.79	269.5	\$ 3,448	\$ 349	
Overtime	\$19.19	64.3	\$ 1,233	\$ 125	
CHANG, G IOC Regular	\$13.39	266.0	\$ 3,563	\$ 361	
Overtime	\$20.09	73.0	\$ 1,467	\$ 149	
CHOMICZ, A OC Regular	\$12.79	276.0	\$ 3,531	\$ 358	
Overtime	\$19.19	73.5	\$ 1,410	\$ 143	
CUELLAR, N IOC Regular	\$13.39	269.0	\$ 3,603	\$ 365	
Overtime	\$20.09	73.0	\$ 1,467	\$ 149	
DEBRA, C OC Regular	\$12.79	181.5	\$ 2,322	\$ 235	
Overtime	\$19.19	40.3	\$ 772	\$ 78	
GONZALES, A ICT Regular	\$13.46	217.3	\$ 2,923	\$ 296	
Overtime	\$20.18	73.0	\$ 1,473	\$ 149	
HICKEY, L ICT Regular	\$14.09	323.5	\$ 4,558	\$ 462	
Overtime	\$21.14	59.8	\$ 1,263	\$ 128	
JOHNSON, R OC Regular	\$12.79	275.5	\$ 3,524	\$ 357	
Overtime	\$19.19	68.0	\$ 1,305	\$ 132	
KAUR, R OC Regular	\$12.79	157.3	\$ 2,012	\$ 204	
Overtime	\$19.19	44.4	\$ 852	\$ 86	
KENT, S ACT Regular	\$15.16	268.0	\$ 4,063	\$ 412	
Overtime	\$22.74	73.0	\$ 1,660	\$ 168	
Sub-total Extra Help		3,520.2	\$ 52,333	\$ 5,301	
(05) Total () Sub-total (X)					

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(a) Employee Names, Job classifications, Functions Performed, and Description of Services and Supplies			(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies
KNIGHT B	OC	Regular	\$12.79	281.5	\$ 3,601	\$ 365	
		Overtime	\$19.19	70.0	\$ 1,343	\$ 136	
LE, J	OC	Regular	\$12.79	239.0	\$ 3,058	\$ 310	
		Overtime	\$19.19	85.5	\$ 1,641	\$ 166	
LELAND, B	ICT	Regular	\$14.09	357.0	\$ 5,030	\$ 510	
		Overtime	\$21.14	76.0	\$ 1,606	\$ 163	
MANJARREZ, A	CT	Regular	\$13.46	149.0	\$ 2,005	\$ 203	
		Overtime	\$20.18	27.8	\$ 560	\$ 57	
MANNING, P	OC	Regular	\$12.79	267.0	\$ 3,416	\$ 346	
		Overtime	\$19.19	73.0	\$ 1,401	\$ 142	
MOGLIOLO, S	IOC	Regular	\$12.79	238.0	\$ 3,045	\$ 308	
		Overtime	\$19.19	75.3	\$ 1,444	\$ 146	
MURPHY, S	OC	Regular	\$12.79	228.0	\$ 2,917	\$ 295	
		Overtime	\$19.19	43.0	\$ 825	\$ 84	
NAKAGAMI, S	IOC	Regular	\$12.79	287.0	\$ 3,672	\$ 372	
		Overtime	\$19.19	67.8	\$ 1,300	\$ 132	
OCAMPO, J	OC	Regular	\$12.79	233.0	\$ 2,981	\$ 302	
		Overtime	\$19.19	66.0	\$ 1,267	\$ 128	
RABE, G	IOC	Regular	\$13.39	287.0	\$ 3,844	\$ 389	
		Overtime	\$20.09	97.0	\$ 1,949	\$ 197	
REGALA, P	IOC	Regular	\$12.79	152.8	\$ 1,954	\$ 198	
		Overtime	\$19.19	32.5	\$ 624	\$ 63	
RHINE, V	CT	Regular	\$13.46	272.0	\$ 3,660	\$ 371	
		Overtime	\$20.18	62.8	\$ 1,267	\$ 128	
SANTOS, D	ICT	Regular	\$14.09	7.0	\$ 99	\$ 10	
		Overtime	\$21.14	-	\$ -	\$ -	
STITES, B	IOC	Regular	\$12.79	284.5	\$ 3,640	\$ 369	
		Overtime	\$19.19	54.5	\$ 1,046	\$ 106	
TAMEZ, M	CT	Regular	\$13.46	195.0	\$ 2,624	\$ 266	
		Overtime	\$20.18	46.0	\$ 928	\$ 94	
VERA, B	OC	Regular	\$12.79	37.0	\$ 473	\$ 48	
		Overtime	\$19.19	7.5	\$ 144	\$ 15	
Total Extra Help				7,919.4	\$ 115,694	\$ 11,720	
Supplies & Services (see attached schedule)							\$ 784,722
(05) Total [x]				8,642.7	\$ 139,575	\$ 19,533	\$ 784,722

**COUNTY OF SANTA CLARA REGISTRAR OF VOTERS
SUPPLIES & SERVICES - ABSENTEE VOTERS
FISCAL YEAR 2002**

DESCRIPTION	PRICE	QTY	COST	SOURCE
REPAIR & MAINTENANCE EXPENSE				
Mailing equip. maint-7/1/01-6/30/02	\$ 730.00	1	\$ 730.00	V1402005
Repair Addressing system/cartridges	\$ 303.79	1	\$ 303.79	V1402415
Service postage machine	\$ 125.00	1	\$ 125.00	V1402417
Repair HP Laser-S/N uscco14032	\$ 83.82	1	\$ 83.82	V1402418
Repair HP Laser-S/N uscco15168	\$ 60.00	1	\$ 60.00	V1402418
Reset machines Feb 20, 23, 26 & Mar 20'02	\$ 8.50	4	\$ 34.00	V1402533
Rate change on meter s/n H0306723	\$ 276.96	1	\$ 276.96	V1402623
			\$ 1,614	
SUPPLIES				
Pad finger	\$ 2.05	12	\$ 24.55	V1402397
Absentee blt boxes 10 1/2 x 6 1/2 x 12	\$ 0.69	2000	\$ 1,380.00	V1402419
Ballot boxes 15 3/4 x 12 1/8 x 10 1/2	\$ 1.30	2000	\$ 2,600.00	V1402419
Versitile Ink Cartridges	\$ 42.76	24	\$ 513.10	V1402434/2647
Long half tapes metering mach,2000/box	\$ 23.75	5 bxs	\$ 128.55	V1402478
Moled rubber plates for blt & abs box	\$ 245.00	1	\$ 245.21	V1402485
			\$ 4,911	
RENTAL				
Postage meter machine 7/1/01-6/30/02	\$ 65.50	12 mos	\$ 786.00	V1402001
Copy machine rental - Feb '02	\$ 454.00	1 mo	\$ 992.66	V1402483
Copy machine rental - Mar '02	\$ 454.00	1 mo	\$ 922.52	V1402540
			\$ 2,701	
SMALL TOOLS & EQUIPM.				
Portable tricoder & wand	\$ 6,105.94	10	\$ 6,105.94	V1402694
AH30 mailing scale	\$ 1,064.44	1	\$ 1,064.44	V1402025
			\$ 7,170	
EXTERNAL PRINTING				
Merrill Corporation - sample ballot printing			\$ 672,577.31	PV1402444
Kopec, Robert - Span/Eng transl of ballots			\$ 3,058.53	PV1402406
E S & S - official ballot cards			\$ 36,756.20	PV1402536
Courtesy/Military/Bus Reply Envelopes	\$ 0.04069	86,000	\$ 3,499.44	PV1402352
Benton Co. - header & end cards	\$ 0.26347	11,918	\$ 3,140.01	PV1402470
Courtesy Reply Envelopes	\$ 0.04069	64,500	\$ 2,624.59	PV1402369
			\$ 721,656	
INTERNAL PRINTING				
Tamper Proof Seal for Absentee Blt Box	\$ 0.32	7,500	\$ 2,371.36	PR#094440
			\$ 2,371	
PROFESSIONAL SERVICES				
Working Partnership -temp agency services			\$ 3,429.78	PV1402431
Nat'l Mailing - process and mail AVS ballots	\$ 0.31	21,476	\$ 6,671.03	PV1402461
			\$ 10,101	
PC HARDWARE				
HP Laser Printer	\$ 2,038.35	1	\$ 2,038.35	V1402729
			\$ 2,038	
EXTERNAL POSTAGE				
UPS charges for AVS mailings	\$ 9.55	4	\$ 38.19	PV1402407
UPS charges for AVS mailings	\$ 43.80	3	\$ 131.39	PV1402445
UPS charges for AVS mailings	\$ 10.56	46	\$ 485.88	PV1402452
UPS charges for AVS mailings	\$ 27.79	1	\$ 27.79	PV1402459
Postage per attached listings	\$ 0.46	68,124	\$ 31,475.34	see list
		68,178	\$ 32,159	
			\$ 784,722	
TOTAL SUPPLIES & SERVICES				\$ 784,722

SANTA CLARA COUNTY REGISTRAR OF VOTERS
POSTAGE USED - ABSENTEE VOTERS
FISCAL YEAR 2002

NATIONAL MAILING SERVICES-AVS

DROP#	DATE	QTY	AMOUNT
1	Feb. 5	2100	\$ 331.80
2	Feb. 7	2866	\$ 452.83
3	Feb. 8	1309	\$ 206.82
4	Feb. 12	1944	\$ 307.15
5-W	Feb. 13	800	\$ 126.40
5-G	Feb. 13	1266	\$ 200.03
6	Feb. 14	2188	\$ 345.70
7	Feb. 15	4059	\$ 641.32
8	Feb. 20	3706	\$ 585.55
9	Feb. 21	1238	\$ 195.60
		21476	\$3,393.20

SUMMARY - POSTAGE EXPENSES - EXTERNAL

ABSENTEE BALLOTS	QTY	AMOUNT
AVS MAIL LOG	46,076	\$27,682.30
AVS METER LOG	572	\$ 399.84
NATL MAILING SVS	21,476	\$ 3,393.20
TOTAL AVS POSTAGE	68,124	\$31,475.34

AVS DAILY MAIL PROCESSED LOG

TYPE	PG	QTY	DATE	POSTAGE	PG NO.	DATE	QTY	AMOUNT
AV/MB	47	183	2/20/2002	\$113.97	2	2/5/2002	7	\$ 3.30
AV/MB	48	183	2/20/2002	\$113.97	3	2/7/2002	3	\$ 1.02
AV/MB	49	281	2/20/2002	\$163.08			1	\$ 0.57
AV/MB	50	149	2/20/2002	\$88.76	4	2/11/2002	11	\$ 3.74
AV/MB	51	99	2/20/2002	\$60.34			1	\$ 0.57
AV/MB	52	178	2/20/2002	\$105.37	5	2/13/2002	13	\$ 4.42
AV/MB	53	559	2/21/2002	\$364.55			1	\$ 0.57
AV/MB	54	467	2/21/2002	\$314.11	6	2/14/2002	4	\$ 1.36
AV/MB	55	200	2/21/2002	\$146.06			2	\$ 1.43
AV/MB	56	199	2/21/2002	\$144.53			3	\$ 3.99
AV/MB	57	579	2/22/2002	\$336.61			7	\$ 0.80
AV/MB	58	705	2/22/2002	\$404.09			1	\$ 1.71
AV/MB	59	166	2/22/2002	\$104.28			3	\$ 1.60
AV/MB	60	202	2/22/2002	\$121.12			2	\$ 16.66
AV/MB	61	158	2/22/2002	\$4.00			7	\$ 9.27
AV/MB	62	181	2/23/2002	\$104.32			3	\$ 7.20
AV/MB	63	78	2/23/2002	\$47.91			4	\$ 1.36
AV/MB	64	310	2/25/2002	\$177.44			1	\$ 0.57
AV/MB	65	790	2/25/2002	\$450.30			1	\$ 0.80
AV/MB	66	980	2/25/2002	\$557.00			1	\$ 0.57
AV/MB	67	974	2/25/2002	\$544.68	7	2/18/2002	1	\$ 0.34
AV/MB	68	665	2/25/2002	\$373.82			1	\$ 0.34
AV/MB	69	737	2/25/2002	\$419.52	8	2/20/2002	1	\$ 0.34
AV/MB	70	794	2/25/2002	\$450.01	9	2/21/2002	1	\$ 0.34
AV/MB	71	445	2/25/2002	\$233.70			1	\$ 0.57
AV/MB	72	941	2/25/2002	\$535.03	10	2/25/2002	1	\$ 0.34
AV/MB	73	345	2/25/2002	\$196.65			3	\$ 1.71
AV/MB	74	346	2/25/2002	\$197.21			2	\$ 1.60
AV/MB	75	194	2/25/2002	\$110.58			84	\$ 47.88
AV/MB	76	650	2/25/2002	\$369.90			27	\$ 21.60
AV/MB	77	396	2/25/2002	\$226.36			4	\$ 3.20
AV/MB	78	326	2/25/2002	\$185.82			6	\$ 3.42
AV/MB	79	484	2/26/2002	\$275.88			2	\$ 2.06
AV/MB	80	298	2/26/2002	\$174.28			1	\$ 0.34
AV/MB	81	513	2/26/2002	\$292.41			1	\$ 1.95
AV/MB	82	197	2/26/2002	\$112.29			1	\$ 1.72
AV/MB	83	3020	2/26/2002	\$1,610.30		Others	357	\$ 249.90
AV/MB	84	2883	2/26/2002	\$1,662.65				
AV/MB	85	114	2/27/2002	\$64.98			572	\$ 399.84
AV/MB	86	180	2/27/2002	\$104.88				
AV/MB	87	3005	2/27/2002	\$1,718.99				
AV/MB	88	4197	2/28/2002	\$2,299.79				
AV/MB	89	167	3/1/2002	\$94.71				
Sub-totals		28518		\$16,180.26				
GRAND TOTAL		46076		\$27,682.30				

ABSENTEE BALLOTS MAILED FROM ROV

TYPE	PG	QTY	DATE	POSTAGE
AV/MB	1	305	2/8/2002	\$185.81
AV/MB	2	575	2/8/2002	\$333.04
AV/MB	3	1145	2/9/2002	\$767.19
AV/MB	4	528	2/9/2002	\$333.97
AV/MB	5	321	2/9/2002	\$208.96
AV/MB	6	712	2/11/2002	\$452.01
AV/MB	7	1547	2/11/2002	\$1,061.10
AV/MB	8	955	2/11/2002	\$673.60
AV/MB	9	835	2/12/2002	\$476.12
AV/MB	10	720	2/13/2002	\$467.81
AV/MB	11	708	2/13/2002	\$531.40
AV/MB	12	611	2/13/2002	\$408.53
AV/MB	13	139	2/14/2002	\$102.00
AV/MB	14	306	2/14/2002	\$215.36
AV/MB	15	115	2/14/2002	\$66.02
AV/MB	16	551	2/14/2002	\$365.13
AV/MB	17	3	2/14/2002	\$2.40
AV/MB	18	216	2/15/2002	\$151.87
AV/MB	19	264	2/15/2002	\$179.01
AV/MB	20	300	2/15/2002	\$193.00
AV/MB	21	392	2/15/2002	\$272.66
AV/MB	22	104	2/15/2002	\$82.93
AV/MB	23	142	2/15/2002	\$111.99
AV/MB	24	182	2/15/2002	\$114.32
AV/MB	25	517	2/16/2002	\$336.32
AV/MB	26	286	2/16/2002	\$178.89
AV/MB	27	263	2/17/2002	\$147.51
AV/MB	28	49	2/17/2002	\$27.93
AV/MB	29	436	2/19/2002	\$288.57
AV/MB	30	176	2/19/2002	\$121.94
AV/MB	31	311	2/19/2002	\$188.54
AV/MB	32	203	2/19/2002	\$134.57
AV/MB	33	161	2/19/2002	\$106.49
AV/MB	34	141	2/19/2002	\$91.72
AV/MB	35	251	2/19/2002	\$177.21
AV/MB	36	226	2/19/2002	\$148.14
AV/MB	37	213	2/19/2002	\$136.67
AV/MB	38	194	2/19/2002	\$129.90
AV/MB	39	155	2/19/2002	\$88.35
AV/MB	40	206	2/19/2002	\$119.72
AV/MB	41	306	2/19/2002	\$178.10
AV/MB	42	520	2/19/2002	\$303.28
AV/MB	43	667	2/19/2002	\$409.51
AV/MB	44	250	2/19/2002	\$158.13
AV/MB	45	127	2/20/2002	\$80.44
AV/MB	46	224	2/20/2002	\$163.88
Sub-totals		17556		\$11,502.04

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**COUNTY OF SANTA CLARA REGISTRAR OF VOTERS
INDIVIDUAL PRODUCTIVE HOURLY RATE - ABSENTEE VOTERS
FISCAL YEAR 2002**

Source: Position Status Report 6/30/02

Empl. Class	Employee Name	Job Class	Annual Salary	Productive Hours	Prod Hrly Rate
D36	DEBOK, D	ACT	\$31,536.96	1,546	\$ 20.40
B77	GOMEZ, C	ACCTNT III	\$56,863.04	1,546	\$ 36.79
D39	JOHNSON, L	CT	\$30,692.48	1,546	\$ 19.86
D39	PARMANAND, L	CT	\$32,142.24	1,546	\$ 20.79
G90	TEFFT, S.	EDC	\$63,292.32	1,546	\$ 40.94
D20	WONG, W.	FC	\$35,803.04	1,546	\$ 23.16

Job Code	Job Class	SALARY AS OF 6/30/02				
		STEP1	STEP2	STEP3	STEP4	STEP 5
D40	OFFICE CLERK	\$ 12.79	\$ 13.39	\$ 14.03	\$ 14.69	\$ 15.38
D39	CLERK TYPIST	\$ 13.46	\$ 14.09	\$ 14.76	\$ 15.45	\$ 16.17
D36	ADV CLERK TYPIST	\$ 15.16	\$ 15.88	\$ 16.65	\$ 17.45	\$ 18.28
G77	WAREHOUSE MATERIAL HANDLER	\$ 14.09	\$ 14.76	\$ 15.45	\$ 16.17	\$ 16.96
G76	SR W/H MATERIAL HANDLER	\$ 16.34	\$ 17.13	\$ 17.95	\$ 18.81	\$ 19.73
G97	ELECTION SPECIALIST	\$ 21.21				
G96	PRECINCT TECHNICIAN	\$ 14.97	\$ 157.29	\$ 16.42	\$ 17.21	\$ 18.04
B2F	ASSO TRNG & STAFF DEV SPEC II	\$ 22.92				
X97	INTERMITTENT CLERK TYPIST	\$ 13.46	\$ 14.09	\$ 14.76	\$ 15.45	\$ 16.17
X98	INTERMITTEN OFFICE CLERK	\$ 12.79	\$ 13.39	\$ 14.03	\$ 14.69	\$ 15.38

BILINGUAL \$0.577/HR WORKED (REG & OT COMBINED)
MEAL ALL 9 AFTER 10 HRS OF WORK
MILEAGE 0.365/MILE

**COUNTY OF SANTA CLARA REGISTRAR OF VOTERS
SALARIES AND BENEFITS - ABSENTEE VOTERS
FISCAL YEAR 2002**

SCHEDULE B1

NAME	POSITION	STEP	Productive Hourly Rate	Hours Worked	Total Salaries	Fringe Benefits	Salaries & Benefits
ABSENTEE BALLOTS							
PERMANENT EMPLOYEES							
DEBOK, D	ACT	2 Regular	\$20.40	12.0	\$244.82	\$ 96.66	\$ 341.48
		Overtime	\$30.60	0.0	\$0.00	\$ -	\$ -
GOMEZ, C	ACCTNT	2 Regular	\$36.79	17.5	\$643.74	\$ 223.76	\$ 867.50
		Overtime	\$55.18	0.0	\$0.00	\$ -	\$ -
JOHNSON, L	CT	3 Regular	\$19.86	0.0	\$0.00	\$ -	\$ -
		Overtime	\$29.78	6.0	\$178.70	\$ 18.10	\$ 196.80
PARMANAND, L	CT	4 Regular	\$20.79	12.0	\$249.52	\$ 137.94	\$ 387.46
		Overtime	\$31.19	0.0	\$0.00	\$ -	\$ -
TEFFT, S.	EDC	2 Regular	\$40.94	336.0	\$13,757.36	\$ 4,110.28	\$ 17,867.64
		Overtime	\$61.42	0.0	\$0.00	\$ -	\$ -
WONG, W.	FC	2 Regular	\$23.16	258.8	\$5,993.01	\$ 2,941.71	\$ 8,934.72
		Overtime	\$34.74	81.0	\$2,814.11	\$ 285.07	\$ 3,099.18
Sub - total Regular Empls				636.3	20888.5	\$ 7,510.36	\$ 28,398.81
				87.0	2992.8	\$ 303.17	\$ 3,295.98
					\$23,881.26	\$ 7,813.53	\$ 31,694.79
EXTRA HELP							
ADAMS, M	ICT	2 Regular	\$14.09	288.5	\$4,065.25	\$ 411.81	\$ 4,477.06
		Overtime	\$21.14	86.0	\$1,817.74	\$ 184.14	\$ 2,001.88
CARABAJAL, J	IOC	1 Regular	\$12.79	269.5	\$3,447.71	\$ 349.25	\$ 3,796.97
		Overtime	\$19.19	64.3	\$1,232.93	\$ 124.90	\$ 1,357.82
CHANG, G	IOC	2 Regular	\$13.39	266.0	\$3,562.54	\$ 360.89	\$ 3,923.42
		Overtime	\$20.09	73.0	\$1,466.53	\$ 148.56	\$ 1,615.09
CHOMICZ, A	OC	Regular	\$12.79	276.0	\$3,530.87	\$ 357.68	\$ 3,888.54
		Overtime	\$19.19	73.5	\$1,410.43	\$ 142.88	\$ 1,553.30
CUELLAR, N	IOC	2 Regular	\$13.39	269.0	\$3,602.72	\$ 364.96	\$ 3,967.67
		Overtime	\$20.09	73.0	\$1,466.53	\$ 148.56	\$ 1,615.09
DEBRA, C	OC	Regular	\$12.79	181.5	\$2,321.93	\$ 235.21	\$ 2,557.14
		Overtime	\$19.19	40.3	\$772.38	\$ 78.24	\$ 850.62
GONZALES, A	ICT	1 Regular	\$13.46	217.3	\$2,923.32	\$ 296.13	\$ 3,219.45
		Overtime	\$20.18	73.0	\$1,473.43	\$ 149.26	\$ 1,622.69
HICKEY, L	ICT	2 Regular	\$14.09	323.5	\$4,558.44	\$ 461.77	\$ 5,020.21
		Overtime	\$21.14	59.8	\$1,262.91	\$ 127.93	\$ 1,390.84
JOHNSON, R	OC	Regular	\$12.79	275.5	\$3,524.47	\$ 357.03	\$ 3,881.50
		Overtime	\$19.19	68.0	\$1,304.89	\$ 132.18	\$ 1,437.07
KAUR, R	OC	Regular	\$12.79	157.3	\$2,011.70	\$ 203.79	\$ 2,215.48
		Overtime	\$19.19	44.4	\$852.21	\$ 86.33	\$ 938.53
KENT, S	ACT	Regular	\$15.16	268.0	\$4,063.42	\$ 411.62	\$ 4,475.04
		Overtime	\$22.74	73.0	\$1,660.24	\$ 168.18	\$ 1,828.42
KNIGHT B	OC	Regular	\$12.79	281.5	\$3,601.23	\$ 364.80	\$ 3,966.03
		Overtime	\$19.19	70.0	\$1,343.27	\$ 136.07	\$ 1,479.34
LE, J	OC	Regular	\$12.79	239.0	\$3,057.53	\$ 309.73	\$ 3,367.25
		Overtime	\$19.19	85.5	\$1,640.70	\$ 166.20	\$ 1,806.91
LELAND, B	ICT	2 Regular	\$14.09	357.0	\$5,030.13	\$ 509.55	\$ 5,539.68
		Overtime	\$21.14	76.0	\$1,606.26	\$ 162.71	\$ 1,768.97
MANJARREZ, A	CT	Regular	\$13.46	149.0	\$2,004.94	\$ 203.10	\$ 2,208.04
		Overtime	\$20.18	27.8	\$560.11	\$ 56.74	\$ 616.84
MANNING, P	OC	Regular	\$12.79	267.0	\$3,415.73	\$ 346.01	\$ 3,761.74
		Overtime	\$19.19	73.0	\$1,400.83	\$ 141.90	\$ 1,542.74

**COUNTY OF SANTA CLARA REGISTRAR OF VOTERS
SALARIES AND BENEFITS - ABSENTEE VOTERS
FISCAL YEAR 2002**

SCHEDULE B1

NAME	POSITION	STEP	Productive Hourly Rate	Hours Worked	Total Salaries	Fringe Benefits	Salaries & Benefits
ABSENTEE	BALLOTS						
MOGLIOLO, S	IOC	1 Regular	\$12.79	238.0	\$3,044.73	\$ 308.43	\$ 3,353.17
		Overtime	\$19.19	75.3	\$1,444.01	\$ 146.28	\$ 1,590.29
MURPHY, S	OC	Regular	\$12.79	228.0	\$2,916.80	\$ 295.47	\$ 3,212.28
		Overtime	\$19.19	43.0	\$825.15	\$ 83.59	\$ 908.74
NAKAGAMI, S	IOC	1 Regular	\$12.79	287.0	\$3,670.73	\$ 371.84	\$ 4,042.57
		Overtime	\$19.19	67.8	\$1,299.78	\$ 131.67	\$ 1,431.45
OCAMPO, J	OC	Regular	\$12.79	233.0	\$2,980.77	\$ 301.95	\$ 3,282.72
		Overtime	\$19.19	66.0	\$1,266.51	\$ 128.30	\$ 1,394.80
RABE, G	IOC	2 Regular	\$13.39	287.0	\$3,843.79	\$ 389.38	\$ 4,233.17
		Overtime	\$20.09	97.0	\$1,948.68	\$ 197.40	\$ 2,146.08
REGALA, P	IOC	1 Regular	\$12.79	152.8	\$1,954.13	\$ 197.95	\$ 2,152.08
		Overtime	\$19.19	32.5	\$623.66	\$ 63.18	\$ 686.84
RHINE, V	CT	Regular	\$13.46	272.0	\$3,660.03	\$ 370.76	\$ 4,030.79
		Overtime	\$20.18	62.8	\$1,266.55	\$ 128.30	\$ 1,394.85
SANTOS, D	ICT	2 Regular	\$14.09	7.0	\$98.64	\$ 9.99	\$ 108.63
		Overtime	\$21.14	0.0	\$0.00	\$ -	\$ -
STITES, B	IOC	1 Regular	\$12.79	284.5	\$3,639.61	\$ 368.69	\$ 4,008.30
		Overtime	\$19.19	54.5	\$1,045.83	\$ 105.94	\$ 1,151.77
TAMEZ, M	CT	Regular	\$13.46	195.0	\$2,623.92	\$ 265.80	\$ 2,889.72
		Overtime	\$20.18	46.0	\$928.46	\$ 94.05	\$ 1,022.52
VERA, B	OC	Regular	\$12.79	37.0	\$473.34	\$ 47.95	\$ 521.29
		Overtime	\$19.19	7.5	\$143.92	\$ 14.58	\$ 158.50
Sub-total Temp Employees		Regular		6306.8	83628.4	\$ 8,471.56	\$ 92,099.98
		Overtime		1612.7	32063.9	\$ 3,248.08	\$ 35,312.00
GRAND TOTAL HRS		Regular		6943.0	104516.9	\$ 15,981.91	\$ 120,498.79
		Overtime		1699.7	35056.7	\$ 3,551.25	\$ 38,607.98
TOTAL SALARIES & BENEFITS				8642.7	139573.6	\$ 19,533.16	\$ 159,106.76
I.C.R.P	94.54%						\$ 150,420.33

**COUNTY OF SANTA CLARA REGISTRAR OF VOTERS
INDIVIDUAL BENEFIT RATE - ABSENTEE VOTERS
FISCAL YEAR 2002**

Source: Payroll Interface Report 3/31/02

Position Code	Employee/Title	Biweekly Reg Pay	Total Biweekly Compensation	(Total Biweekly Compensation Less Biweekly Salary)	Biweekly Benefits	Benefit Rate (Biweekly Benefits/ Biweekly Reg Pay)
D36	DEBOK, D	\$ 1,212.96	\$ 1,691.88	\$	478.92	39.48%
B77	GOMEZ, C	\$ 2,187.04	\$ 2,947.24	\$	760.20	34.76%
D39	JOHNSON, L	\$ 1,180.48	\$ 1,769.77	\$	589.29	49.92%
D39	PARMANAND, L	\$ 1,236.24	\$ 1,919.67	\$	683.43	55.28%
G90	TEFFT, S.	\$ 2,434.32	\$ 3,161.62	\$	727.30	29.88%
D20	WONG, W.	\$ 1,377.04	\$ 2,052.97	\$	675.93	49.09%

Extra Help Benefit Rate 10.13%

Overtime Benefit Rate 10.13%

1DAFR8330 1 000 AP14 01 PC2 PC2 PY
 07/27/02 (01.21) CYCLE 03108 PM CLOSED FP CLOSED PY CLOSED BY CLOSED FICHE: 140 0140 0001
 REGISTRAR OF VOTERS (140)
 REVENUES AND EXPENDITURES BY FUND
 REPORT PERIOD= FISCAL YEAR 02

BUDGET UNIT=	0140	REGISTRAR OF VOTERS	ESTIMATED REVENUE/ ALLOTMENT	REVENUE/EXPENDITURES CURRENT PERIOD	YEAR TO DATE	ENCUMBRANCES	PERCENT REALIZED/ UTILIZED	UNREALIZED REVENUE/ AVAILABLE BALANCE
FUND=	0001	GENERAL FUND						
PERCENT OF YEAR ELAPSED	100.00%							
REV REV								
EXP EXP								
OBJ SOBJ								
-022 9221		FINES AND FORFE	.00	.00	4,426.00	.00	.00%	4,426.00-
0*TOTAL 022		OTHER FINES, F	.00	.00	4,426.00	.00	.00%	4,426.00-
0062 9403		STATE-MANDATED	909,125.00	.00	858,020.73	.00	94.38%	51,104.27
0*TOTAL 062		STATE-OTHER GR	909,125.00	.00	858,020.73	.00	94.38%	51,104.27
0084 9604		ELECTION SERVIC	1,427,000.00	.00	1,542,539.14	.00	108.10%	115,539.14-
0*TOTAL 084		ELECTION SERVI	1,427,000.00	.00	1,542,539.14	.00	108.10%	115,539.14-
0094 9670		DUI ARREST FEES	.00	.00	25.00	.00	.00%	25.00-
0*TOTAL 094		LAW ENFORCEMEN	.00	.00	25.00	.00	.00%	25.00-
0109 9833		STALE WARRANTS	.00	.00	82.50	.00	.00%	82.50-
0109 9835		OTHER SALES	30,000.00	.00	.00	.00	.00%	30,000.00
0109 9899		MISCELLANEOUS I	10,000.00	.00	.00	.00	.00%	10,000.00
0109 9921		MISC INCOME-CHA	.00	25.00	15,257.85	.00	.00%	15,257.85-
0109 9923		MISC INCOME-OTH	.00	.00	3,471.86	.00	.00%	3,471.86-
0*TOTAL 109		OTHER CHARGES	40,000.00	25.00	18,812.21	.00	47.03%	21,187.79
0*TOTAL REVENUE			2,376,125.00	25.00	2,423,823.08	.00	102.01%	47,698.08-
01 1100		MISCELLANEOUS S	70,013.00	.00	.00	.00	.00%	70,013.00
01 1183		RETIREE MEDICAL	89,241.00	1,294.13	85,835.06	.00	96.18%	3,405.94
01 1184		SALARY SAVINGS	72,099.00	.00	.00	.00	.00%	72,099.00-
01 1185		PERMANENT EMPLO	1,879,353.00	40,053.77	1,735,574.53	.00	92.35%	143,778.47
01 1187		TEMPORARY EMPLO	639,657.00	3,898.94	592,764.90	.00	92.67%	46,892.10
01 1191		OVERTIME	72,408.00	.63	191,990.97	.00	265.15%	119,582.97-

1DAFR8330 1 000 AP14 01 PC2 PC2 PC2
07/27/02 (01.21) CYCLE 03108 PM CLOSED PP CLOSED BY CLOSED FICHE: 140 0140 0001
0
1 (FD1) S1 (ALL)
REGISTRAR OF VOTERS (140)
REVENUES AND EXPENDITURES BY FUND
REPORT PERIOD= FISCAL YEAR 02
*****PAGE 103

BUDGET UNIT=	0140	REGISTRAR OF VOTERS	ESTIMATED REVENUE/ ALLOTMENT	REVENUE/EXPENDITURES CURRENT PERIOD	YEAR TO DATE	ENCUMBRANCES	PERCENT REALIZED/ UTILIZED	UNREALIZED REVENUE/ AVAILABLE BALANCE
FUND=	0001	GENERAL FUND						
PERCENT OF YEAR ELAPSED	100.00%							
REV REV								
EXP EXP								
OBJ SOBJ								
-1	1192	UNEMPLOYMENT IN	782.00	17.06	1,028.14	.00	131.48%	246.14-
01	1193	PREMIUM PAY	2,350.00	311.58	16,837.62	.00	716.49%	14,487.62-
01	1196	HEALTH INSURANC	195,984.00	4,384.78	192,983.14	.00	98.47%	3,000.86
01	1197	FICA - EMPLOYER	117,773.00	3,399.07	195,681.12	.00	166.15%	77,908.12-
01	1198	PERS - RETIREME	127,225.00	2,635.64	113,132.49	.00	88.92%	14,092.51
01	1199	WORKERS' COMPEN	32,671.00	711.88	42,278.58	.00	129.41%	9,607.58-
01	1391	HOLIDAY OVERTIM	.00	.00	4,876.62	.00	.00%	4,876.62-
01	1397	COUNTY CONTRI M	28,323.00	.00	44.57	.00	.16%	28,278.43
0*	TOTAL 1	SALARIES AND B	3,183,681.00	56,707.48	3,173,027.74	.00	99.67%	10,653.26
02	2100	TRAINING - SERV	35,000.00	159.91	16,963.38	.00	48.47%	18,036.62
02	2102	OVERTIME MEALS	13,000.00	27.00	6,192.00	.00	47.63%	6,808.00
02	2125	COMS TELEPHONE	125,549.00	7,066.94	84,153.40	.00	67.03%	41,395.60
02	2126	COMM AND TELEPH	22,733.00	1,446.75	23,351.55	.00	102.72%	618.55-
02	2171	INSURANCE	25,573.00	.00	25,573.00	.00	100.00%	.00
02	2211	MAINTENANCE - E	44,230.00	14,188.05	32,493.83	9,494.00	94.93%	2,242.17
02	2301	OFFICE EXPENSE	262,753.00	19,146.42	262,741.33	6,972.00	102.65%	6,960.33-
02	2322	PROF AND SPECIA	835,967.65	5,606.50	658,311.07	15,000.00	80.54%	162,656.58
02	2329	CONTRACT SERVIC	149,200.92	.00	98,666.33	56,736.44	104.16%	6,201.85-
02	2331	DATA PROCESSING	258,007.00	7,980.47	164,442.21	.00	63.74%	93,564.79
02	2401	PUBLICATIONS AN	11,000.00	.00	10,156.07	.00	92.33%	843.93
02	2426	OTHER PHYSICIAN	23,000.00	.00	23,178.28	.00	100.78%	178.28-

1DAFR8330 1 000 APL4 01 PC2. PC2 PY I(FD1) S1(ALL) 0001
07/27/02 (01.21) CYCLE 03108 PM CLOSED PP CLOSED PY CLOSED FICHE: 140 0140 0001
REGISTRAR OF VOTERS (140)
REVENUES AND EXPENDITURES BY FUND
REPORT PERIOD= FISCAL YEAR 02

BUDGET UNIT= 0140 REGISTRAR OF VOTERS		REVENUE/EXPENDITURES		ENCUMBRANCES		PERCENT REALIZED/UTILIZED		UNREALIZED REVENUE/AVAILABLE BALANCE	
FUND=	0001	ESTIMATED REVENUE/ALLOTMENT	REVENUE/CURRENT PERIOD	YEAR TO DATE	ENCUMBRANCES	PERCENT REALIZED/UTILIZED	UNREALIZED REVENUE/AVAILABLE BALANCE		
PERCENT OF YEAR ELAPSED 100.00%									
REV REV			1,503.73	120,676.01	.00	98.85%	1,397.99		
EXP EXP			.00	17,578.97	.00	64.61%	9,628.03		
OBJ SOBJ			.00	16,952.95	.00	122.04%	3,062.19		
-2	2451	RENTS AND LEASE		75.00-	.00	.00%	75.00		
02	2471	RENT & LEASE -		1,960.00	.00	135.17%	510.00-		
02	2501	SMALL TOOLS AND		2,815,818.55	49,275.00	106.41%	172,700.55-		
02	2547	EDUCATION EXPEN		76,035.53	.00	61.72%	47,157.47		
02	2574	MEMBERSHIP DUES		6,198.02	.00	.00%	6,198.02-		
02	2585	EXTERNAL PRINTI		12,723.94	.00	106.25%	747.94-		
02	2586	PRINTING AND RE		1,105.18	.00	72.23%	424.82		
02	2624	SPECIAL DEPARTM		13.59	.00	78.65%	6,823.94		
02	2751	TRANSPORTATION		154.81-	.00	.00%	1,689.50-		
02	2752	AUTOMOBILE MILE		970.00	.00	.00%	3,552.09-		
02	2756	GARAGE AUTOMOB		997.58	6,300.00	108.34%	614.57		
02	2789	ADVERTISING		20,553.43	11,032.00	98.09%	380.53		
02	2952	SERVICES & SUPP		4,619.47	.00	92.39%	380.53		
02	2962	PC HARDWARE		40,000.00	.00	109.85%	22,373.00-		
02	2963	PC SOFTWARE		249,542.00	.00	94.33%	906.97		
02	2991	EXTERNAL POSTAG		10,223.08	.00	96.74%	168,164.71		
02	2992	POSTAGE		110,426.62	154,809.44	20.77%	542,490.32		
0*	TOTAL 2	SERVICES AND S		4,831,661.75	4,521.65	20.77%	542,490.32		
04	4300	EQUIPMENT		137,658.39	4,521.65	20.77%	542,490.32		
0*	TOTAL 4	FIXED ASSETS		137,658.39	4,521.65	20.77%	542,490.32		
0*	TOTAL	EXPENDITURES		8,142,347.88	159,331.09	92.01%	721,308.29		

SANTA CLARA COUNTY
Payroll Interface Report
COUNTYWIDE

Pay Period 2002-13 -- 06-10-02 to 06-23-02

Line	Period Code	Pay Period	Dept No	Index No	Employee Name	Empl Class	Reg Pay	OT	Other Earn	Other Benefits	Insurance	FICA	PERS	Worker Comp	Total
1132	PP	06/23/02	140	5600	Accorinti, Karin	G97	2,345.88	0.00	46.16	0.00	468.25	182.99	163.77	39.18	3,246.23
1133	PP	06/23/02	140	5600	Aguayo, Yvet	X98	1,023.44	0.00	0.00	0.00	0.00	78.30	0.00	16.77	1,118.51
1134	PP	06/23/02	140	5600	Aguilar, Josefina P.		0.00	0.00	166.18	0.00	0.00	12.72	0.00	2.72	181.62
1135	PP	06/23/02	140	5600	Bushley, Shannon	G90	2,434.32	0.00	0.00	0.00	304.30	186.23	177.76	39.88	3,142.49
1136	PP	06/23/02	140	5600	Charlson, Mary Joy B.	D20	1,076.48	0.00	0.00	0.00	0.00	82.35	0.00	17.63	1,176.46
1137	PP	06/23/02	140	5600	Chu, Shui Ling	D36	1,443.12	0.00	46.16	0.00	236.03	113.93	106.98	24.40	1,970.62
1138	PP	06/23/02	140	5600	Debok, Dennis E.	A20	1,270.08	0.00	0.00	0.00	236.03	97.16	90.56	20.80	1,714.63
1139	PP	06/23/02	140	5600	Durazo, Jesse	G97	5,345.20	0.00	0.00	0.00	212.55	413.88	395.79	88.62	6,456.04
1140	PP	06/23/02	140	5600	Ferguson, Richard Leon	G97	1,678.06	0.00	41.54	0.00	468.25	128.37	121.12	27.49	2,423.29
1141	PP	06/23/02	140	5600	Florenza, Daniel	B77	1,510.28	0.00	0.00	0.00	296.57	118.71	111.66	25.42	2,104.18
1142	PP	06/23/02	140	5600	Gomez, Carolina	X97	2,187.04	0.00	0.00	0.00	445.61	167.31	159.24	35.82	2,995.02
1143	PP	06/23/02	140	5600	Gonzales, Alfred R.	D39	1,076.48	0.00	0.00	0.00	304.09	82.35	76.06	17.63	1,556.61
1144	PP	06/23/02	140	5600	Gonzales, Barbara	D36	1,462.24	0.00	0.00	0.00	445.61	111.86	104.95	23.96	2,148.62
1145	PP	06/23/02	140	5600	Jahnke, Joyce	G97	1,678.08	0.00	46.16	0.00	304.30	131.90	124.58	28.25	2,313.27
1146	PP	06/23/02	140	5600	Johnson, Gloria L	D39	1,180.48	0.00	46.16	0.00	304.09	93.84	87.31	20.10	1,731.98
1147	PP	06/23/02	140	5600	Johnson, Lina	G71	1,924.40	0.00	0.00	0.00	304.09	147.21	139.57	31.52	2,546.79
1148	PP	06/23/02	140	5600	Johnson, Raymond M	G29	2,525.20	0.00	0.00	0.00	125.71	193.18	184.57	41.36	3,070.02
1149	PP	06/23/02	140	5600	Jones, Larry D.	G97	1,678.08	0.00	46.16	0.00	445.61	131.90	124.58	28.25	2,454.58
1150	PP	06/23/02	140	5600	Jou, Julia, Ting-Ting	D1A	1,647.68	0.00	0.00	54.00	304.09	123.68	118.84	27.88	2,276.17
1151	PP	06/23/02	140	5600	Kay, Katy	G90	2,819.12	0.00	0.00	0.00	425.68	215.66	206.58	46.18	3,713.22
1152	PP	06/23/02	140	5600	Larson, Elaine K	G12	3,652.48	0.00	0.00	0.00	304.09	279.41	269.00	59.83	4,564.81
1153	PP	06/23/02	140	5600	Le, Joseph	B76	2,819.12	0.00	27.18	0.00	357.41	215.66	206.58	46.62	3,672.57
1154	PP	06/23/02	140	5600	Lee, Virginia W	G97	1,480.44	0.00	0.00	0.00	0.00	113.26	0.00	24.25	1,617.95
1155	PP	06/23/02	140	5600	Lim, Edward J	G76	1,578.08	0.00	0.00	0.00	236.03	120.73	113.63	25.85	2,074.32
1156	PP	06/23/02	140	5600	Martinez, Jennifer	X98	857.16	0.00	0.00	0.00	55.16	65.57	0.00	14.04	991.93
1157	PP	06/23/02	140	5600	Misenas, Diane Lynne	G86	2,273.92	0.00	0.00	0.00	304.09	173.95	165.75	37.24	2,954.95
1158	PP	06/23/02	140	5600	Moore, Edward Steven	G97	1,678.08	0.00	0.00	0.00	445.61	128.37	121.12	27.49	2,400.67
1159	PP	06/23/02	140	5600	Morillo, Edward Steven	G90	2,556.32	0.00	0.00	0.00	445.61	195.56	186.90	41.87	3,426.26
1160	PP	06/23/02	140	5600	Palmer, Thomas L	D39	1,236.24	0.00	46.16	0.00	405.97	98.09	91.48	21.01	1,898.95
1161	PP	06/23/02	140	5600	Paimanand, Lillian	G90	2,819.12	0.00	46.15	0.00	304.09	219.19	210.04	46.93	3,645.52
1162	PP	06/23/02	140	5600	Rosaz, Elma	Y36	1,212.96	0.00	46.16	0.00	0.00	96.33	0.00	20.63	1,376.08
1163	PP	06/23/02	140	5600	Salazar, Ricardo	G90	2,556.32	0.00	0.00	0.00	425.68	195.56	186.90	41.87	3,406.33
1164	PP	06/23/02	140	5600	Salcedo, Albert	G97	1,678.10	1.26	0.00	0.00	216.10	128.47	121.12	27.51	2,172.56
1165	PP	06/23/02	140	5600	Samora, Beatrice Hortensia	G76	1,505.12	0.00	0.00	0.00	190.71	120.12	108.16	25.72	1,949.83
1166	PP	06/23/02	140	5600	Sandoval, Guadalupe E.Jr.	X97	1,070.92	0.00	0.00	0.00	0.00	81.93	0.00	17.54	1,170.39
1167	PP	06/23/02	140	5600	Santos, Diana	D96	1,505.12	0.00	0.00	0.00	448.32	115.14	108.16	24.65	2,201.39
1168	PP	06/23/02	140	5600	Singh, William R.	G90	2,556.32	0.00	0.00	0.00	468.25	186.23	177.76	41.87	3,284.74
1169	PP	06/23/02	140	5600	Smith, Leslie Anne	G90	2,434.32	0.00	0.00	0.00	357.41	186.22	177.76	39.88	3,306.44
1170	PP	06/23/02	140	5600	Smith, Marjorie J	G90	2,434.32	0.00	0.00	0.00	357.41	186.22	177.76	39.88	3,195.59
1171	PP	06/23/02	140	5600	Tefft, Suzanne M	D36	1,395.86	0.00	0.00	0.00	236.03	106.78	99.98	22.86	1,861.51
1172	PP	06/23/02	140	5600	Watson, Mary	D20	1,443.12	0.00	46.16	0.00	468.25	113.93	106.98	24.40	2,202.84
1173	PP	06/23/02	140	5600	Wong, Winkie W.										

SANTA CLARA COUNTY
 2001-2002 COST ALLOCATION PLAN
 Allocated Costs by Department
 Consolidated

Svc	293 Coroner	190 GSA Comm 071	135 GSA Fleet	145 ISD DP	135 GSA Printing	140 Rgstr Voter	501 S.S. Agency	509 Ntrn Svc Age	603 Road Operati
Probation	\$66,585	\$33,001	\$10,333	\$68,754	\$23,873	\$24,598	\$395,070	3,116	2
g Use	13,627			105,569	8,061	59,424			
nt Use	2								
tr Parkin									
ental	43,152		4,771	109,653	1,378	5,885	507,714	768	25,901
nty Exec	82,950	1,314	8,847	47,999	2,192	12,210	230,894	5,641	74,596
it & Anlys	18,584	10,510	41,732	57,430	7,154	44,892	156,643	9,705	109,943
ttroller	237,301	7,778					947,019		25,986
rrnl Audit	34,941						58,854		165,875
A & RISK M	16,463	10,539	37,395	128,536	10,735	38,149	1,790,310	6,699	38,319
rchasing	2,725	2,581	29,538	29,295	10,985	4,011	77,793		14
venue	4,527		1,782	42,461	418	14,346	(92,335)	(110)	(8,488)
. Counsel	14,090	16,792	38,112	47,063	5,606	40,134	5,046		1,737
A-Services	217,861	162,349	74,819	518,606	185,369	193,763	453,276		83,693
ilities	24,797						93,478		39,250
atch Opt							7,586		128,069
IC & CUA	997	1,734	1,251	9,431	100	1,418	87,730	415	(591)
Services	(43)	(53)	(104)	36,214	2,012	(67)	560	(11)	
Yr Adj.									
Allocated	\$379,280	\$246,545	\$248,476	\$1,207,918	\$257,883	\$439,153	\$4,719,638	\$26,223	\$684,306
Forward	19,222	54,571	(67,804)	(1,540,070)	(34,403)	97,462	1,149,859	(13,130)	265,984
Roll Fwd	398,502	301,116	180,672	(332,152)	223,480	536,615	5,869,497	13,093	950,220
ments	9,608		9,241	107,346	260	24,474	128,230		(26,799)
sed costs	\$408,110	\$301,116	\$189,913	\$(224,806)	\$223,740	\$561,089	\$5,997,727	\$13,093	\$923,491

EXHIBIT G

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
ABSENTEE BALLOTS

For State Controller Use Only

(19) Program Number 00002

(20) Date Filed ___/___/___

(21) LRS Input ___/___/___

Program
002

**ORIGINAL
FIRM 1**

(01) Claimant Identification Number 9943			Reimbursement Claim Data	
(02) Claimant Name County of Santa Clara			(22) AB-1.1, (03)	
County of Location Santa Clara			(23) AB-1.1, (06)	
Street Address or P.O. Box 70 West Hedding Street			(24) AB-1.2, (03)(a)	
City San Jose			(25) AB-1.2, (03)(b)	
State CA				
Zip Code 95110				
Type of Claim	Estimated Claim		Reimbursement Claim	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(26) AB-1.2, (03)(c)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27) AB-1.2, (03)(d)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28) AB-1.2, (05)	
		(29) AB-1.3, (03)(a)		2,056,005
Fiscal Year of Cost	(06) 2003-2004	(12) 2002-2003	(30) AB-1.3, (03)(b)	75,307
Total Claimed Amount	(07) \$850,000	(13) \$772,752	(31) AB-1.3, (03)(c)	418,008
LESS: 10% Late Penalty			(14)	98,180
LESS: Prior Claim Payment Received			(15)	664,387
Net Claimed Amount			(16) \$772,752	105
Due from State	(08) \$850,000	(17) \$772,752	(35)	
Due to State		(18)	(36)	

(38) CERTIFICATION OF CLAIM

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

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

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

Signature of Authorized Officer



Date

12/16/03

Ram Venkatesan

SB 90 Coordinator

Type or Print Name

Title

(38) Name of Contact Person for Claim

Telephone Number **(408) 282-3012**

Carolina R. Prado

E-Mail Address **carol.prado@rov.sccgov.org**



**MANDATED COSTS
ABSENTEE BALLOTS
COMPONENT/ACTIVITY COST DETAIL**

Form
AB-2

(01) Claimant			(02) Fiscal Year Costs Were Incurred				
COUNTY OF SANTA CLARA			2002-2003				
(03) Reimbursable Component: Total Cost of Absentee Ballots in the Fiscal Year of Claim							
(04) Description of Expenses: Complete columns (a) through (f)				Object Accounts			
(a) Employee Names, Job Classifications, Functions Performed, and Description of Services and Supplies	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies		
CODED EMPLOYEES							
CHU, S	SR OS	Regular	\$ 25.16	51.2	\$ 1,288	\$ 519	
		Overtime	\$ 37.75	4.0	\$ 151	\$ 33	
TEFFT, S	EDC	Regular	\$ 42.48	629.0	\$ 26,722	\$ 8,472	
WONG, W	SR OS	Regular	\$ 25.16	450.7	\$ 11,342	\$ 6,222	
		Overtime	\$ 37.75	43.4	\$ 1,639	\$ 363	
Subtotal Coded:		Regular		1,130.9	\$ 39,352	\$ 15,213	
		Overtime		47.4	\$ 1,790	\$ 396	
Total Coded Employees				1,178.3	\$ 41,142	\$ 15,609	
EXTRA HELP							
		STEP					
ADAMS, M	IOS III	2	Regular	\$ 16.99	528.5	\$ 8,979	\$ 913
			Overtime	\$ 25.49	51.0	\$ 1,300	\$ 132
BHATIA, K	IOS II	1	Regular	\$ 14.80	274.0	\$ 4,054	\$ 412
			Overtime	\$ 22.19	34.0	\$ 755	\$ 77
CARABAJAL, J	IOS I	1	Regular	\$ 13.81	254.5	\$ 3,515	\$ 358
			Overtime	\$ 20.72	18.0	\$ 373	\$ 38
CHANG, G	IOS I	2	Regular	\$ 14.46	461.5	\$ 6,674	\$ 679
			Overtime	\$ 21.69	63.3	\$ 1,372	\$ 140
CUELLAR, N	IOS I	2	Regular	\$ 14.46	423.5	\$ 6,124	\$ 623
			Overtime	\$ 21.69	64.0	\$ 1,388	\$ 141
CHRISTIE, D	IOS II	1	Regular	\$ 14.80	281.0	\$ 4,158	\$ 423
			Overtime	\$ 22.19	29.3	\$ 650	\$ 66
ESPINOZA, A	IOS I	1	Regular	\$ 13.81	325.0	\$ 4,489	\$ 457
			Overtime	\$ 20.72	44.0	\$ 912	\$ 93
FUNG, S	IOS II	1	Regular	\$ 14.80	351.0	\$ 5,193	\$ 528
			Overtime	\$ 22.19	25.5	\$ 566	\$ 58
GOMEZ, M	IOS I	1	Regular	\$ 13.81	236.7	\$ 3,269	\$ 333
			Overtime	\$ 20.72	19.5	\$ 404	\$ 41
HENEBRY, W	IOS I	1	Regular	\$ 13.81	315.2	\$ 4,354	\$ 443
			Overtime	\$ 20.72	53.2	\$ 1,102	\$ 112
HICKEY, L	IOS II	2	Regular	\$ 15.50	364.5	\$ 5,649	\$ 575
			Overtime	\$ 23.25	55.2	\$ 1,283	\$ 131
JOHNSON, R	IOS I	1	Regular	\$ 13.81	320.8	\$ 4,430	\$ 451
			Overtime	\$ 20.72	34.2	\$ 709	\$ 72
Sub-total extra-help			Regular		4,136.2	\$ 60,888	\$ 6,194
			Overtime		491.2	\$ 10,813	\$ 1,100
Total [] Subtotal [x]				5,805.6	\$ 112,844	\$ 22,904	

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**MANDATED COSTS
ABSENTEE BALLOTS
COMPONENT/ACTIVITY COST DETAIL**

Form
AB-2

(01) Claimant

(02) Fiscal Year Costs Were Incurred

COUNTY OF SANTA CLARA

2002-2003

(03) Reimbursable Component: Total Cost of Absentee Ballots in the Fiscal Year of Claim

(04) Description of Expenses: Complete columns (a) through (f)

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed, and Description of Services and Supplies				(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies
KENT, S	IOS I	1	Regular	\$ 13.81	324.0	\$ 4,475	\$ 455	s e e a a c h m e n t
			Overtime	\$ 20.72	35.7	\$ 740	\$ 75	
KNIGHT, B	OS I	1	Regular	\$ 13.81	332.1	\$ 4,587	\$ 467	
			Overtime	\$ 20.72	38.0	\$ 787	\$ 80	
LE, H	IOS II	1	Regular	\$ 14.80	299.0	\$ 4,424	\$ 450	
			Overtime	\$ 22.19	41.3	\$ 916	\$ 93	
LE, JENNIE	IOS II	1	Regular	\$ 14.80	367.0	\$ 5,430	\$ 552	
			Overtime	\$ 22.19	51.2	\$ 1,136	\$ 116	
LELAND, B	IOS II	3	Regular	\$ 16.23	486.0	\$ 7,886	\$ 802	
			Overtime	\$ 24.34	55.5	\$ 1,351	\$ 137	
MOGLIOLO, S	IOS I	2	Regular	\$ 14.46	438.0	\$ 6,333	\$ 644	
			Overtime	\$ 21.69	40.0	\$ 868	\$ 88	
MANNING, P	OS I	1	Regular	\$ 13.81	324.2	\$ 4,478	\$ 456	
			Overtime	\$ 20.72	41.5	\$ 860	\$ 87	
MCKIERNAN, T	IOS I	1	Regular	\$ 13.81	300.0	\$ 4,144	\$ 422	
			Overtime	\$ 20.72	10.8	\$ 223	\$ 23	
NAJJAR, V	IOS II	2	Regular	\$ 15.50	484.5	\$ 7,509	\$ 764	
			Overtime	\$ 23.25	47.2	\$ 1,097	\$ 112	
NAKAGAMI, S	IOS I	2	Regular	\$ 14.46	477.0	\$ 6,898	\$ 702	
			Overtime	\$ 21.69	48.7	\$ 1,056	\$ 107	
OCAMPO, J	OS III	1	Regular	\$ 16.23	256.5	\$ 4,162	\$ 423	
			Overtime	\$ 24.34	23.5	\$ 572	\$ 58	
RABE, G	IOS I	2	Regular	\$ 14.46	530.0	\$ 7,664	\$ 780	
			Overtime	\$ 21.69	48.2	\$ 1,046	\$ 106	
REGALA, P	IOS I	1	Regular	\$ 13.81	308.20	\$ 4,257	\$ 433	
			Overtime	\$ 20.72	31.20	\$ 646	\$ 66	
RHINE, V	IOS I	1	Regular	\$ 13.81	328.00	\$ 4,530	\$ 461	
			Overtime	\$ 20.72	39.50	\$ 818	\$ 83	
STITES, BILLIE	IOS I	2	Regular	\$ 14.46	312.5	\$ 4,519	\$ 460	
			Overtime	\$ 21.69	44.5	\$ 965	\$ 98	
Total Extra Help								
				Regular	5,567.0	\$ 81,297	\$ 8,271	
				Overtime	596.7	\$ 13,081	\$ 1,331	
				\$ 545.65	10,791.0	\$ 166,079	\$ 16,896	
Total [x] Subtotal []	Grand Total			Page <u>2</u> of <u>2</u>	11,969.3	\$ 207,221	\$ 32,505	\$ 424,661

**COUNTY OF SANTA CLARA REGISTRAR OF VOTERS
SALARIES AND BENEFITS - ABSENTEE VOTERS
FISCAL YEAR 2003**

SCHEDULE B1

Name	Position Job Code	Step		Productive Hourly Rate	Hours Worked	Total Salaries	Fringe Benefits	Salaries & Benefits
PERMANENT EMPLOYEES								
CHU, S	SR OS		Regular	\$25.16	51.2	\$1,288	\$ 519	\$ 1,807
			Overtime	\$37.75	4.0	\$151	\$ 33	\$ 184
TEFFT, S	EDC		Regular	\$42.48	629.0	\$26,722	\$ 8,472	\$ 35,194
WONG, W	SR OS		Regular	\$25.16	450.7	\$11,342	\$ 6,222	\$ 17,564
			Overtime	\$37.75	43.4	\$1,639	\$ 363	\$ 2,002
Subtotal Coded:			Regular		1130.9	\$ 39,352	\$ 15,213	\$ 54,565
			Overtime		47.4	\$ 1,790	\$ 396	\$ 2,186
					1178.3	\$41,142	\$15,609	\$56,751
EXTRA HELP								
ADAMS, M	IOS III	2	Regular	\$16.99	528.5	\$ 8,979	\$ 913	\$ 9,893
			Overtime	\$25.49	51.0	\$ 1,300	\$ 132	\$ 1,432
BHATIA, K	IOS II	1	Regular	\$14.80	274.0	\$ 4,054	\$ 412	\$ 4,467
			Overtime	\$22.19	34.0	\$ 755	\$ 77	\$ 831
CARABAJAL, J	IOS I	1	Regular	\$13.81	254.5	\$ 3,515	\$ 358	\$ 3,873
			Overtime	\$20.72	18.0	\$ 373	\$ 38	\$ 411
CHANG, G	IOS I	2	Regular	\$14.46	461.5	\$ 6,674	\$ 679	\$ 7,353
			Overtime	\$21.69	63.3	\$ 1,372	\$ 140	\$ 1,512
CUELLAR, N	IOS I	2	Regular	\$14.46	423.5	\$ 6,124	\$ 623	\$ 6,747
			Overtime	\$21.69	64.0	\$ 1,388	\$ 141	\$ 1,529
CHRISTIE, D	IOS II	1	Regular	\$14.80	281.0	\$ 4,158	\$ 423	\$ 4,581
			Overtime	\$22.19	29.3	\$ 650	\$ 66	\$ 716
ESPINOZA, A	IOS I	1	Regular	\$13.81	325.0	\$ 4,489	\$ 457	\$ 4,946
			Overtime	\$20.72	44.0	\$ 912	\$ 93	\$ 1,004
FUNG, S	IOS II	1	Regular	\$14.80	351.0	\$ 5,193	\$ 528	\$ 5,722
			Overtime	\$22.19	25.5	\$ 566	\$ 58	\$ 624
GOMEZ, M	IOS I	1	Regular	\$13.81	236.7	\$ 3,269	\$ 333	\$ 3,602
			Overtime	\$20.72	19.5	\$ 404	\$ 41	\$ 445
HENEBRY, W	IOS I	1	Regular	\$13.81	315.2	\$ 4,354	\$ 443	\$ 4,796
			Overtime	\$20.72	53.2	\$ 1,102	\$ 112	\$ 1,214
HICKEY, L	IOS II	2	Regular	\$15.50	364.5	\$ 5,649	\$ 575	\$ 6,224
			Overtime	\$23.25	55.2	\$ 1,283	\$ 131	\$ 1,414
JOHNSON, R	IOS I	1	Regular	\$13.81	320.8	\$ 4,430	\$ 451	\$ 4,881
			Overtime	\$20.72	34.2	\$ 709	\$ 72	\$ 781
KENT, S	IOS I	1	Regular	\$13.81	324.0	\$ 4,475	\$ 455	\$ 4,930
			Overtime	\$20.72	35.7	\$ 740	\$ 75	\$ 815
KNIGHT, B	OS I	1	Regular	\$13.81	332.1	\$ 4,587	\$ 467	\$ 5,054
			Overtime	\$20.72	38.0	\$ 787	\$ 80	\$ 867
LE, H	IOS II	1	Regular	\$14.80	299.0	\$ 4,424	\$ 450	\$ 4,874
			Overtime	\$22.19	41.3	\$ 916	\$ 93	\$ 1,009
LE, JENNIE	IOS II	1	Regular	\$14.80	367.0	\$ 5,430	\$ 552	\$ 5,983
			Overtime	\$22.19	51.2	\$ 1,136	\$ 116	\$ 1,252
LELAND, B	IOS II	3	Regular	\$16.23	486.0	\$ 7,886	\$ 802	\$ 8,689
			Overtime	\$24.34	55.5	\$ 1,351	\$ 137	\$ 1,488
MOGLIOLO, S	IOS I	2	Regular	\$14.46	438.0	\$ 6,333	\$ 644	\$ 6,977
			Overtime	\$21.69	40.0	\$ 868	\$ 88	\$ 956
MANNING, P	OS I	1	Regular	\$13.81	324.2	\$ 4,478	\$ 456	\$ 4,933
			Overtime	\$20.72	41.5	\$ 860	\$ 87	\$ 947

**COUNTY OF SANTA CLARA REGISTRAR OF VOTERS
SALARIES AND BENEFITS - ABSENTEE VOTERS
FISCAL YEAR 2003**

SCHEDULE B1

Name	Position Job Code	Step		Productive Hourly Rate	Hours Worked	Total Salaries	Fringe Benefits	Salaries & Benefits
MCKIERNAN, T	IOS I	1	Regular	\$13.81	300.0	\$ 4,144	\$ 422	\$ 4,565
			Overtime	\$20.72	10.8	\$ 223	\$ 23	\$ 245
NAJJAR, V	IOS II	2	Regular	\$15.50	484.5	\$ 7,509	\$ 764	\$ 8,273
			Overtime	\$23.25	47.2	\$ 1,097	\$ 112	\$ 1,209
NAKAGAMI, S	IOS I	2	Regular	\$14.46	477.0	\$ 6,898	\$ 702	\$ 7,600
			Overtime	\$21.69	48.7	\$ 1,056	\$ 107	\$ 1,164
OCAMPO, J	OS III	1	Regular	\$16.23	256.5	\$ 4,162	\$ 423	\$ 4,586
			Overtime	\$24.34	23.5	\$ 572	\$ 58	\$ 630
RABE, G	IOS I	2	Regular	\$14.46	530.0	\$ 7,664	\$ 780	\$ 8,444
			Overtime	\$21.69	48.2	\$ 1,046	\$ 106	\$ 1,152
REGALA, P	IOS I	1	Regular	\$13.81	308.2	\$ 4,257	\$ 433	\$ 4,690
			Overtime	\$20.72	31.2	\$ 646	\$ 66	\$ 712
RHINE, V	IOS I	1	Regular	\$13.81	328.0	\$ 4,530	\$ 461	\$ 4,991
			Overtime	\$20.72	39.5	\$ 818	\$ 83	\$ 902
STITES, BILLIE	IOS I	2	Regular	\$14.46	312.5	\$ 4,519	\$ 460	\$ 4,979
			Overtime	\$21.69	44.5	\$ 965	\$ 98	\$ 1,063
Subtotal Extra Help			Regular		9703.1	\$ 142,185	\$ 14,465	\$ 156,650
			Overtime		1087.9	\$ 23,894	\$ 2,431	\$ 26,325
GRAND TOTAL			Regular		10834.0	\$ 181,537	\$ 29,678	\$ 211,215
			Overtime		1135.3	\$ 25,684	\$ 2,827	\$ 28,511
TOTAL SALARIES & BENEFITS					11969.3	\$ 207,221	\$ 32,505	\$ 239,726

COUNTY OF SANTA CLARA REGISTRAR OF VOTERS
 ABSENTEE VOTERS SERVICES
 LABOR DISTRIBUTION - TIME STUDY
 SUMMARY FISCAL YEAR 2002/2003

PP ENDING NAME		DATA ENTRY	CUST SERVICE	MAIL/ P.O.	STUFF/ VERIFY	RECONC TRBLSHT	RTND BALLOT	AVS SET-UP	POST ELCTN	CUST LISTS	DOUBLE VOTES	TOTAL AVS
Chu, Shui Ling												
Sub-total-Jun 02	REG	1.3	8.0	-	11.5	-	30.5	-	-	-	-	51.2
	OT	-	4.0	-	-	-	-	-	-	-	-	4.0
Tefft, Sue												
Sub-total - Nov 02	REG	-	-	-	-	238.0	-	64.0	115.0	-	-	417.0
Sub-total - Jun 03	REG	-	-	-	-	123.0	-	48.0	41.0	-	-	212.0
Total FY 03		-	-	-	-	361.0	-	112.0	156.0	-	-	629.0
Wong, Winkie												
Sub-total - Nov 02	REG	35.5	172.5	1.0	43.0	-	52.5	-	34.0	-	-	338.5
	OT	5.5	18.9	5.0	4.0	-	9.5	-	0.5	-	-	43.4
Sub-total - Jun 03	REG	-	79.7	10.8	-	-	4.5	13.2	4.0	-	-	112.2
	OT	-	1.0	-	-	-	-	-	6.5	-	-	7.5
Total FY 03	REG	35.5	252.2	11.8	43.0	-	57.0	13.2	38.0	-	-	450.7
	OT	5.5	18.9	5.0	4.0	-	9.5	-	0.5	-	-	43.4
EXTRA-HELP												
Adams, Mary												
Sub-total - Nov 02	REG	61.0	-	-	80.0	36.0	95.0	47.0	40.0	-	-	359.0
	OT	3.5	-	-	20.0	1.0	24.5	-	-	-	-	49.0
Sub-total - Jun 03	REG	43.0	-	4.0	31.5	28.0	43.0	10.0	10.0	-	-	169.5
	OT	-	-	-	-	-	2.0	-	-	-	-	2.0
Total FY 03	REG	104.0	-	4.0	111.5	64.0	138.0	57.0	50.0	-	-	528.5
	OT	3.5	-	-	20.0	1.0	26.5	-	-	-	-	51.0
Bhatia, Kartik												
Sub-total - Nov 02	REG	176.5	7.0	-	50.5	-	-	-	40.0	-	-	274.0
	OT	27.0	-	-	7.0	-	-	-	-	-	-	34.0
Carabajal, Jessie												
Sub-total - Nov 02	REG	-	-	-	-	-	-	254.5	-	-	-	254.5
	OT	-	-	-	-	-	-	18.0	-	-	-	18.0
Chang, Grace												
Sub-total - Nov 02	REG	-	-	-	166.5	-	113.5	44.5	-	-	-	324.5
	OT	-	-	-	19.5	-	24.8	-	-	-	-	44.3
Sub-total - Jun 03	REG	-	-	-	64.0	-	60.5	-	12.5	-	-	137.0
	OT	-	-	17.0	-	-	2.0	-	-	-	-	19.0
Total FY 03	REG	-	-	-	230.5	-	174.0	44.5	12.5	-	-	461.5
	OT	-	-	17.0	19.5	-	26.8	-	-	-	-	63.3
Cuellar, Norma												
Sub-total - Nov 02	REG	-	-	-	171.5	56.5	48.0	27.0	-	-	-	303.0
	OT	-	-	-	19.5	25.0	17.5	-	-	-	-	62.0
Sub-total - Jun 03	REG	-	-	-	83.0	-	37.0	-	0.5	-	-	120.5
	OT	-	-	-	-	-	2.0	-	-	-	-	2.0
Total FY 03	REG	-	-	-	254.5	56.5	85.0	27.0	0.5	-	-	423.5
	OT	-	-	-	19.5	25.0	2.0	17.5	-	-	-	64.0
Christie, Debra												
Sub-total - Nov 02	REG	134.9	72.9	-	23.4	-	-	22.0	27.8	-	-	281.0
	OT	13.3	16.0	-	-	-	-	-	-	-	-	29.3
Espinoza, Alejandra												
Sub-total - Nov 02	REG	-	-	-	180.0	-	108.0	37.0	-	-	-	325.0
	OT	-	-	-	19.5	-	24.5	-	-	-	-	44.0
Fung, Sau Kwan												
Sub-total - Nov 02	REG	165.0	8.0	-	108.0	-	-	-	-	-	-	281.0
	OT	-	2.5	-	23.0	-	-	-	-	-	-	25.5
Sub-total - Jun 03	REG	-	7.5	9.0	10.5	-	32.0	7.0	4.0	-	-	70.0
	OT	-	-	-	-	-	-	-	-	-	-	-
Total FY 03	REG	165.0	15.5	9.0	118.5	-	32.0	7.0	4.0	-	-	351.0
	OT	-	2.5	-	23.0	-	-	-	-	-	-	25.5
Gomez, Michael												
Sub-total - Nov 02	REG	-	-	-	39.7	-	-	197.0	-	-	-	236.7
	OT	-	-	-	-	-	-	19.5	-	-	-	19.5

COUNTY OF SANTA CLARA REGISTRAR OF VOTERS
 ABSENTEE VOTERS SERVICES
 LABOR DISTRIBUTION - TIME STUDY
 SUMMARY FISCAL YEAR 2002/2003

PP ENDING NAME		DATA ENTRY	CUST SERVICE	MAIL/ P.O.	STUFF/ VERIFY	RECONC TRBLSHT	RTND BALLOT	AVS SET-UP	POST ELCTN	CUST LISTS	DOUBLE VOTES	TOTAL AVS
Henebry, Winona												
Sub-total - Nov 02	REG	-	-	194.0	6.0	-	83.7	31.5	-	-	-	315.2
	OT	-	-	36.0	-	-	17.2	-	-	-	-	53.2
Hickey, Lois												
Sub-total - Nov 02	REG	108.5	13.5	-	24.0	92.0	2.0	4.0	-	-	-	244.0
	OT	20.0	1.0	2.5	8.0	21.7	-	-	-	-	-	53.2
Sub-total - Jun 03	REG	55.5	2.5	7.5	5.5	17.5	26.0	6.0	-	-	-	120.5
	OT	-	-	-	-	-	2.0	-	-	-	-	2.0
Total FY 03	REG	164.0	16.0	7.5	29.5	109.5	28.0	10.0	-	-	-	364.5
	OT	20.0	1.0	2.5	8.0	21.7	2.0	-	-	-	-	55.2
Johnson, Rose												
Sub-total - Nov 02	REG	-	-	4.0	172.0	-	105.5	39.3	-	-	-	320.8
	OT	-	-	-	10.0	-	24.2	-	-	-	-	34.2
Kent, Sylva												
Sub-total - Nov 02	REG	-	-	-	173.5	-	107.5	43.0	-	-	-	324.0
	OT	-	-	-	12.7	-	23.0	-	-	-	-	35.7
Knight, Barbara												
Sub-total - Nov 02	REG	-	-	2.0	184.0	-	109.4	36.7	-	-	-	332.1
	OT	-	-	-	31.5	-	6.5	-	-	-	-	38.0
Le, Howie												
Sub-total - Nov 02	REG	158.0	47.0	-	14.0	-	80.0	-	-	-	-	299.0
	OT	18.0	12.3	-	7.0	-	4.0	-	-	-	-	41.3
Le, Jennie												
Sub-total - Nov 02	REG	125.0	85.0	-	8.0	-	80.0	-	-	-	-	298.0
	OT	27.5	12.7	-	4.0	-	4.0	-	-	-	-	48.2
Sub-total - Jun 03	REG	-	4.0	-	8.0	-	57.0	-	-	-	-	69.0
	OT	-	-	-	-	-	3.0	-	-	-	-	3.0
Total FY 03	REG	125.0	89.0	-	16.0	-	137.0	-	-	-	-	367.0
	OT	27.5	12.7	-	4.0	-	7.0	-	-	-	-	51.2
Leland, Betty												
Sub-total - Nov 02	REG	173.0	103.0	8.0	-	8.0	80.0	-	-	-	-	372.0
	OT	28.5	18.5	-	6.0	-	-	-	-	-	-	53.0
Sub-total - Jun 03	REG	30.0	19.0	-	22.0	-	35.0	8.0	-	-	-	114.0
	OT	-	-	-	-	-	2.5	-	-	-	-	2.5
Total FY 03	REG	203.0	122.0	8.0	22.0	8.0	115.0	8.0	-	-	-	486.0
	OT	28.5	18.5	-	6.0	-	2.5	-	-	-	-	55.5
Mogliolo, Sallye												
Sub-total - Nov 02	REG	-	-	-	181.8	-	57.2	29.0	48.0	-	-	316.0
	OT	-	-	-	12.5	-	25.5	-	-	-	-	38.0
Sub-total - Jun 03	REG	-	-	25.5	25.0	-	57.0	3.5	11.0	-	-	122.0
	OT	-	-	-	-	-	2.0	-	-	-	-	2.0
Total FY 03	REG	-	-	25.5	206.8	-	114.2	32.5	59.0	-	-	438.0
	OT	-	-	-	12.5	-	27.5	-	-	-	-	40.0
Manning, Patricia												
Sub-total - Nov 02	REG	62.0	-	-	116.0	-	59.5	38.7	48.0	-	-	324.2
	OT	7.0	-	-	27.5	-	7.0	-	-	-	-	41.5
McKiernan, Tuesday												
Sub-total - Nov 02	REG	72.0	-	99.0	-	6.0	53.5	31.0	38.5	-	-	300.0
	OT	7.0	-	2.3	-	-	1.5	-	-	-	-	10.8

COUNTY OF SANTA CLARA REGISTRAR OF VOTERS
 ABSENTEE VOTERS SERVICES
 LABOR DISTRIBUTION - TIME STUDY
 SUMMARY FISCAL YEAR 2002/2003

PP ENDING NAME		DATA ENTRY	CUST SERVICE	MAIL/ P.O.	STUFF/ VERIFY	RECONC TRBLSHT	RTND BALLOT	AVS SET-UP	POST ELCTN	CUST LISTS	DOUBLE VOTES	TOTAL AVS
Najjar, Vivian												
Sub-total - Nov 02	REG	149.0	42.0	50.5	77.0	-	40.0	-	-	-	-	358.5
	OT	29.5	13.7	-	4.0	-	-	-	-	-	-	47.2
Sub-total - Jun 03	REG	72.0	2.0	-	36.0	-	16.0	-	-	-	-	126.0
	OT	-	-	-	-	-	-	-	-	-	-	-
Total FY 03	REG	221.0	44.0	50.5	113.0	-	56.0	-	-	-	-	484.5
	OT	29.5	13.7	-	4.0	-	-	-	-	-	-	47.2
Nakagami, Sumi												
Sub-total - Nov 02	REG	-	-	-	184.5	-	48.5	35.5	48.0	-	-	316.5
	OT	-	-	-	21.0	-	25.7	-	-	-	-	46.7
Sub-total - Jun 03	REG	-	-	42.5	46.5	-	57.0	3.5	11.0	-	-	160.5
	OT	-	-	-	-	-	2.0	-	-	-	-	2.0
Total FY 03	REG	-	-	42.5	231.0	-	105.5	39.0	59.0	-	-	477.0
	OT	-	-	-	21.0	-	27.7	-	-	-	-	48.7
Ocampo, Juancho												
Sub-total - Nov 02	REG	104.5	86.0	-	20.0	-	-	14.0	32.0	-	-	256.5
	OT	9.0	9.5	-	5.0	-	-	-	-	-	-	23.5
Rabe, Gerry												
Sub-total - Nov 02	REG	-	-	160.0	53.5	-	77.5	29.0	30.0	-	6.5	356.5
	OT	-	-	12.5	9.0	-	24.7	-	-	-	-	46.2
Sub-total - Jun 03	REG	-	-	74.0	34.0	-	41.5	6.0	18.0	-	-	173.5
	OT	-	-	-	-	-	2.0	-	-	-	-	2.0
Total FY 03	REG	-	-	234.0	87.5	-	119.0	35.0	48.0	-	6.5	530.0
	OT	-	-	12.5	9.0	-	26.7	-	-	-	-	48.2
Regala, Pilar												
Sub-total - Nov 02	REG	-	-	-	178.5	-	91.5	38.2	-	-	-	308.2
	OT	-	-	-	19.5	-	11.7	-	-	-	-	31.2
Rhine, Virginia												
Sub-total - Nov 02	REG	-	-	-	172.0	-	111.0	45.0	-	-	-	328.0
	OT	-	-	-	19.5	-	20.0	-	-	-	-	39.5
Stites, Billie												
Sub-total - Nov 02	REG	-	-	-	150.0	-	115.5	47.0	-	-	-	312.5
	OT	-	-	-	19.5	-	25.0	-	-	-	-	44.5
GRAND TOTAL	REG	1,726.7	759.6	691.8	2,954.9	605.0	2,216.3	1,260.1	613.3	-	6.5	10,834.0
	OT	195.8	109.1	75.3	329.2	47.7	322.8	55.0	0.5	-	-	1,135.3
												11,969.3

**COUNTY OF SANTA CLARA REGISTRAR OF VOTERS
SUPPLIES & SERVICES - ABSENTEE VOTERS
FISCAL YEAR 2002/2003**

DESCRIPTION	PRICE	QTY	COST	SOURCE	DATE
SUPPLIES					
Sumner Mailing Equip-Black Ink Cartridge	\$ 42.76	6	\$ 256.55	V1403773	04/23/03
Sumner Mailing Equip-Ink Cartridges	\$ 40.59	12	\$ 487.12	V1403208	10/28/02
Ikon Office Solutions-Laser labels for sample ballots	\$ 57.54	20	\$ 1,150.70	V1403496	12/27/02
Office Depot Supplies	various		\$ 308.48	\$ 2,203 XDJ0210	11/07/02
REPAIR & MAINTENANCE					
Triforce Sol-Maint Agr 7/1/02-6/30/03	\$ 925.00	1	\$ 925.00	V1403031	08/02/02
Triforce Sol-Repair Postage Machine	\$ 125.00	1	\$ 125.00	V1403112	09/20/02
Triforce Sol-Repair Postage Machine	\$ 197.90	1	\$ 197.90	\$ 1,248 V1403139	10/09/02
EQUIPMENT RENTAL					
Ascom Hasler-Meter reset 9/12/02	\$ 8.50	1	\$ 8.50	V1403152	10/15/02
Ikon Ofc Sol-Copier rental 10/02	\$ 31.60	1 mo	\$ 947.98	V1403231	11/13/02
Hasler, Inc - Meter Reset 10/11-12/11/02	\$ 8.50	5	\$ 42.50	V1403563	01/17/03
Hasler, Inc - Meter Reset 4/01/03	\$ 8.50	1	\$ 8.50	V1403836	06/06/03
Ikon Ofc Sol-Copier rental 05/03	\$ 24.06	1 mo.	\$ 721.81	\$ 1,729 V1403855	06/18/03
EXTERNAL PRINTING					
Atlantic Envelope Co.-Abs Bus Reply Env			\$ 5,046.97	V1403063	08/23/02
Vanguard Printing-Absentee Envelopes			\$ 4,140.24	V1403079	09/04/02
Benton Co. Inc.-Header & End card			\$ 2,799.44	V1403124	10/02/02
Kopec, Robert-Span/Eng transl of ballots			\$ 3,991.82	V1403186	10/21/02
Merrill Corporation-sample ballot printing			\$ 226,190.47	V1403195	10/25/02
E S & S Inc.-ofc blt printing-11/02			\$ 12,056.83	V1403242	11/20/02
Le, Becky-Vietnamese Translation 11/02			\$ 34.50	V1403468	12/17/02
Le, Hung-Vietnamese Proofreading 11/02			\$ 11.50	V1403469	12/17/02
Liu, Grace-Chinese Proofreading 11/02			\$ 17.25	V1403470	12/17/02
E S & S Inc.-ofc blt printing-06/03			\$ 2,751.13	V1403794	05/14/03
Merrill Corporation-sample ballot printing 06/03			\$ 14,588.01	V1403802	05/16/03
Kopec, Robert-Eng/Span transl of sample ballots 06/03			\$ 419.10	\$ 272,047 V1403860	06/18/03
INTERNAL PRINTING					
Mail Ballot Pre notice postcard	\$ 0.05	10,372	\$ 482.88	PR093767	10/09/02
Did not sign return envelope	\$ 0.03	1,000	\$ 27.29	PR093769	09/25/02
Eng/Span Instructions to Voters	\$ 0.02	100,000	\$ 1,980.09	PR093770	09/25/02
Absentee Ballot Processing Envelope	\$ 0.12	1,300	\$ 155.29	PR093771	09/25/02
Eng/Span Returning your Ballot Inst.	\$ 0.02	100,000	\$ 1,879.68	PR093772	09/25/02
Eng/Span Voting By Mail Sample page	\$ 0.02	100,000	\$ 1,998.13	PR093773	09/25/02
Mail Ballot Letter	\$ 0.04	11,000	\$ 410.09	PR093774	09/25/02
Absentee Application	\$ 0.02	2,500	\$ 50.38	PR093810	09/25/02
Av Batch Header	\$ 0.03	1,500	\$ 44.96	PR093811	09/18/02
Retuned Absentee Ballot Header	\$ 0.03	1,000	\$ 34.35	PR093812	09/18/02
Absentee Instructions	\$ 0.09	35,000	\$ 3,037.26	PR093834	04/18/03
Absentee Instructions	\$ 0.10	2,000	\$ 201.76	PR093835	04/18/03
Absentee Instructions	\$ 0.12	1,000	\$ 119.80	PR093836	04/18/03
Absentee Instructions	\$ 0.12	1,000	\$ 119.34	\$ 10,541 PR093837	04/18/03
EXTERNAL POSTAGE					
UPS	\$ 29.80	27	\$ 804.71	V1403204	10/28/02
UPS	\$ 12.50	94	\$ 1,174.53	V1403229	11/13/02
Mail ballot ret postages-ABMR Permit 918			\$ 3,163.65	PO Transact rpt	Nov. 2002
Mail ballot ret postages-ABMR Permit 918			\$ 46.62	PO Transact rpt	Jun. 2003
Postage from Daily Mail Log	\$ 1.25	1,988	\$ 2,487.56	Daily Mail LogAVS	Nov. 2002
Postage from Daily Mail Log	\$ 0.45	424	\$ 189.46	Daily Mail LogAVS	Jun. 2003
Metered Mails	\$ 1.09	99,050	\$ 108,395.18	Postage Meter Log	Nov. 2002
Metered Mails	\$ 0.80	25,753	\$ 20,630.25	\$ 136,892 Postage Meter Log	Jun. 2003

TOTAL SUPPLIES & SERVICES

\$ 424,661

**COUNTY OF SANTA CLARA REGISTRAR OF VOTERS
INDIVIDUAL PRODUCTIVE HOURLY RATE - ABSENTEE
FISCAL YEAR 2002/2003**

Source: Position Status Report 11/25/02

Empl Class	Employee Name	Job Class	Step	Annual Salary	Productive Hours	Prod Hrlly Rate
PERMANENT EMPLOYEES						
D20	CHU, S	SR OS	2	\$39,772	1,580	\$25.16
G90	TEFFT, S.	EDC	2	\$67,142	1,580	\$42.48
D20	WONG, W.	SR OS	2	\$39,772	1,580	\$25.16

source: www.sccjobs.org (basic salary plan) as of 01/01/03

EXTRA HELP RATES

		SALARY RATE AS OF 01/01/03						
JOB CODE	POSITION	GRADE	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	
B2X	ASSO. TRNG & STAFF DEV SPEC I	355	\$ 19,613	\$ 20,596	\$ 21,622	\$ 22,706	\$ 23,846	
B2F(CEMA)	ASSO. TRNG & STAFF DEV SPEC II	387	\$ 22,939	\$ 24,090	\$ 25,297	\$ 26,560	\$ 27,883	
G97	ELECTION SPECIALIST	450	\$ 21,206	\$ 22,234	\$ 23,309	\$ 24,438	\$ 25,614	
Y83	INTRM ADMINISTRATIVE ASST	417	\$ 18,159	\$ 19,028	\$ 19,942	\$ 20,909	\$ 21,916	
X96	INTRM OFFICE SPECIALIST I	358	\$ 13,512	\$ 14,461	\$ 15,444	\$ 16,462	\$ 17,503	
X95	INTRM OFFICE SPECIALIST II	373	\$ 14,796	\$ 15,498	\$ 16,223	\$ 16,990	\$ 17,809	
X94	INTRM OFFICE SPECIALIST III	393	\$ 16,227	\$ 16,990	\$ 17,809	\$ 18,677	\$ 19,557	
X07	INTRM WAREHOUSE MAT HANDLER	381	\$ 15,348	\$ 16,071	\$ 16,828	\$ 17,647	\$ 18,494	
G50	INFORMATION SYSTEMS TECH II	476	\$ 20,974	\$ 25,133	\$ 26,964	\$ 27,656	\$ 29,011	
D51	OFFICE SPECIALIST I	358	\$ 13,512	\$ 14,461	\$ 15,444	\$ 16,462	\$ 17,503	
D49	OFFICE SPECIALIST II	373	\$ 14,796	\$ 15,498	\$ 16,227	\$ 16,990	\$ 17,809	
D09	OFFICE SPECIALIST III	393	\$ 16,227	\$ 16,990	\$ 17,809	\$ 18,677	\$ 19,557	
G5H	SOFTWARE ENGINEER I	514	\$ 28,726	\$ 30,129	\$ 31,599	\$ 33,126	\$ 34,716	
G76	SR WAREHOUSE MAT HANDLER	413	\$ 17,309	\$ 18,677	\$ 19,557	\$ 20,513	\$ 21,499	
G77	WAREHOUSE MAT HANDLER	381	\$ 15,348	\$ 16,071	\$ 16,828	\$ 17,647	\$ 18,494	

**COUNTY OF SANTA CLARA REGISTRAR OF VOTERS
INDIVIDUAL BENEFIT RATE - PERM AVS
FISCAL YEAR 2003**

Source: DAFR890 dated 11/13/02

Attachment A1

Position Code	Employee/Title	Biweekly Rate	Biweekly Benefits	Benefit Rate (Biweekly Benefits/ Biweekly Reg Pay)
D20	CHU, S	\$ 1,529.68	\$ 615.66	40.25%
G90	TEFFT, S.	\$ 2,582.40	\$ 818.77	31.71%
D20	WONG, W.	\$ 1,529.68	\$ 839.19	54.86%
TOTAL		\$ 5,641.76	\$ 2,273.62	

Permanent Employees Benefit Rate OT

22.13%

Extra Help Benefit Rate:

Unemployment Insurance	0.14% x Wage Rate
FICA (Employer's Share)	7.65% x Wage Rate
Worker's Compensation	1.61% x Wage Rate
Sub-total	<u>9.40%</u>
Premium/Bilingual Pay	0.77% x Wage Rate
FY 2003 Extra Help Employee Benefit Rate	<u><u>10.17%</u></u>

Premium/Bilingual Pay	\$ 0.577
Office Specialist II Hourly Rate	\$ 14.943

Ratio of Bilingual Pay to Hourly Rate	3.86%
Percent of Employees Paid Bilingual	<u>20.00%</u>
Adjusted Bilingual Rate	<u><u>0.77%</u></u>

**COUNTY OF SANTA CLARA
REGISTRAR OF VOTERS
INDIRECT COST RATE COMPUTATION
BASED ON FISCAL YEAR 2003 - ACTUAL**

Source: DAFR8330 7/27/03

Description of Costs	Total Costs	Excludable Costs	Allowable Indirect Costs	Allowable Direct Costs
Salaries & Benefits				
Permanent Salaries	\$ 1,978,878		\$ 714,963	\$ 1,263,915
Temporary Salaries	\$ 761,795		\$ 26,616	\$ 735,179
Overtime Salaries	\$ 137,024		\$ 4,111	\$ 132,913
Total Salaries	\$ 2,877,697	\$ -	\$ 745,691	\$ 2,132,006
Benefits	\$ 772,118		\$ 252,220	\$ 519,898
Total	\$ 3,649,815	\$ -	\$ 997,911	\$ 2,651,904
Services & Supplies				
Training	\$ 32,736		\$ 32,736	
Overtime Meals	\$ 4,585		\$ 4,585	
Internal Telephone Service	\$ 165,755		\$ 165,755	
Communication & Telephone Service	\$ 37,195		\$ 23,829	\$ 13,366
Insurance	\$ 40,292		\$ 40,292	
Maintenance-Equipment	\$ 47,260		\$ 47,260	
Maintenance-Struct Improv & Ground	\$ 31,836		\$ 31,836	
Office Expense	\$ 299,694		\$ 81,765	\$ 217,929
Prof & Special Service	\$ 865,301		\$ 153,286	\$ 712,015
Contract Services	\$ 87,155		\$ 12,886	\$ 74,269
Data Processing Service	\$ 252,456		\$ 252,452	\$ 4
Publications and legal Notices	\$ 16,814		\$ -	\$ 16,814
Rents & Leases - Equipment	\$ 127,387		\$ 69,706	\$ 57,681
Rents & Leases - Buildings	\$ 29,050		\$ 3,893	\$ 25,157
Small Tools & Instruments	\$ 66,410		\$ 28,103	\$ 38,307
Membership Dues	\$ 1,725	\$ 1,725	\$ -	\$ -
External Printing & Reproduction	\$ 1,111,678		\$ 1,237	\$ 1,110,441
Printing & Reproduction	\$ 43,395		\$ 4,299	\$ 39,096
Special Dept Exp (Outreach)	\$ 16,439	\$ 16,439	\$ -	\$ -
Transportation & Travel	\$ 9,284		\$ 9,284	\$ -
Automobile Mileage	\$ 1,548		\$ 1,548	\$ -
Garage Automobile Services	\$ 32,070		\$ 32,070	\$ -
Services & Supplies - Others	\$ 98,627		\$ -	\$ 98,627
PC Hardware	\$ 66,648		\$ 66,648	\$ -
PC Software	\$ 9,329		\$ 9,329	\$ -
External Postage	\$ 300,188		\$ 47,453	\$ 252,735
Internal Postage	\$ 62,024		\$ 7,024	\$ 55,000
Total	\$ 3,856,881	\$ 18,164	\$ 1,127,276	\$ 2,698,075
Capital Expenditures	\$ 278,653	\$ 278,653		
Operating Transfers-Out	\$ 185,000	\$ 185,000		
Total Budgetary Expenditures	\$ 7,970,349	\$ 481,817	\$ 2,125,187	\$ 5,349,979
Countywide Cost Allocation 2003			\$ 652,947	
Total Allocable Indirect Costs			\$ 2,778,134	
Total Allocable Indirect Costs	\$ 2,778,134		\$ 2,778,134	
Distribution of Allocable Indirect			\$ (2,778,134)	
Costs Based on Salaries & benefits Indirect Cost Rate (per state instructions)			104.76%	
Cost by Index Code	Total Costs	Object 1	Object 2	Object 4&5
5600	\$ 5,220,756	\$ 3,643,550	\$ 1,113,553	\$ 463,653
5605	\$ 2,730,593	\$ 6,265	\$ 2,724,328	
5610	\$ 19,000	\$ -	\$ 19,000	
	\$ 7,970,349	\$ 3,649,815	\$ 3,856,881	\$ 463,653

**COUNTY OF SANTA CLARA
REGISTRAR OF VOTERS
DIRECT & INDIRECT SALARIES
FISCAL YEAR 2003 - ACTUAL**

Source: DAFR8030 7/26/03

	SALARY	DIRECT	INDIRECT	% DIRECT
ADMINISTRATION				
REGISTRAR OF VOTERS	\$ 143,412		\$ 143,412	0%
ASSISTANT REGISTRAR	\$ 80,203		\$ 80,203	0%
SENIOR ACCOUNTANT	\$ 77,443		\$ 77,443	0%
ACCOUNTANT III	\$ 61,298		\$ 61,298	0%
EXECUTIVE ASSISTANT I	\$ 48,124		\$ 48,124	0%
EXECUTIVE ASSISTANT I	\$ 6,837		\$ 6,837	0%
ACCOUNTANT ASSISTANT	\$ 42,810		\$ 42,810	0%
ADMINISTRATIVE SUPPORT OFFICER II	\$ 46,452		\$ 46,452	0%
ELECTION SERVICES COORDINATOR	\$ 41,251	\$ 41,251	\$ -	100%
ELECTION DIVISION COORDINATOR	\$ 67,645		\$ 67,645	0%
ELECTION RECRUITING & TRAINING	\$ 38,245	\$ 38,245	\$ -	100%
INFORMATION SYSTEMS				
INFORMATION SYSTEMS MANAGER	\$ 88,126	\$ 88,126	\$ -	100%
INFORMATION SYSTEMS ANALYST	\$ 69,627		\$ 69,627	0%
PUBLIC SERVICES				
ELECTION DIVISION COORDINATOR	\$ 67,645	\$ 67,645	\$ -	100%
SR OFFICE SPECIALIST (2)	\$ 88,929	\$ 88,929	\$ -	100%
SR OFFICE SPECIALIST (1 - FLOATER)	\$ 37,518		\$ 37,518	0%
VOTER REGISTRATION				
ELECTION DIVISION COORDINATOR	\$ 67,645	\$ 67,645	\$ 0	100%
OFFICE SPECIALIST II (3)	\$ 101,508	\$ 101,508	\$ -	100%
OFFICE SPECIALIST III	\$ 33,491	\$ 33,491	\$ (0)	100%
ABSENTEE DIVISION				
ELECTION DIVISION COORDINATOR	\$ 67,645	\$ 67,645	\$ -	100%
SR OFFICE SPECIALIST (1 - FLOATER)	\$ 37,518	\$ 37,518	\$ -	100%
BALLOT PREPARATION				
ELECTION DIVISION COORDINATOR	\$ 67,645	\$ 67,645	\$ -	100%
ELECTION SPECIALIST (1)	\$ 34,917	\$ 34,917	\$ -	100%
ELECTIONS DIVISION				
ELECTION DIVISION COORDINATOR	\$ 67,645	\$ 67,645	\$ -	100%
ELECTION SPECIALISTS (4)	\$ 139,667	\$ 139,667	\$ -	100%
ELECTION SPECIALISTS (3 BILINGUALS-OUTREACH)	\$ 104,750	\$ 104,750	\$ 0	100%
WAREHOUSE				
ELECTION DIVISION COORDINATOR	\$ 67,645	\$ 67,645	\$ -	100%
SENIOR MATERIAL HANDLER (2)	\$ 67,187	\$ 33,594	\$ 33,594	50%
MAPPING SERVICES				
ELECTION DIVISION COORDINATOR	\$ 67,645	\$ 67,645	\$ 0	100%
PRECINCT PLAN SPECIALIST	\$ 48,403	\$ 48,403	\$ -	100%
PERMANENT SALARIES	\$ 1,978,878	\$ 1,263,915	\$ 714,963	64%
TEMPORARY SALARIES	\$ 761,795	\$ 735,179	\$ 26,616	97%
TOTAL SALARIES	\$ 2,740,673	\$ 1,999,094	\$ 741,579	
OVERTIME	\$ 137,024	\$ 132,913	\$ 4,111	97%
TOTAL SALARIES, OVERTIME	\$ 2,877,697	\$ 2,132,007	\$ 745,690	

EXHIBIT H

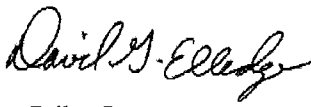
County of Santa Clara

Finance Agency
Controller-Treasurer Department
County Government Center
70 West Hedding Street, East Wing, 2nd Floor
San Jose, California 95110-1705
(408) 299-5200 FAX (408) 289-8629



DATE: May 3, 2005

TO: Jim L. Spano
Chief, Compliance Audits Bureau,
State Controller's Office, Division of audits,
Post Office Box 942850,
Sacramento, CA 94250-5874

FROM: David G. Elledge 
Controller-Treasurer

RE: SB90 mandate-Absentee Ballots Program-Response to Draft audit report

Summary

Thank you for the audit report on the SB90 State Mandated Costs claim of the legislatively mandated Absentee Ballots Program (Chapter 77, Statutes of 1978; Chapter 920, Statutes of 1994; and Chapter 1032, Statutes of 2002) for the period of July 1, 2000 through June 30, 2003.

The one audit finding relates to unsupported salaries, benefits and related indirect costs for 2000-01 through 2002-03 arising out of the usage of Countywide Productive hour rate. This issue of Countywide Productive hours was replied to in all responses to State audit reports on other programs. We adopt our earlier responses on the issue of countywide productive hourly rate. Please reconsider the disputed audit finding in view of our reply; we respectfully request that you rework the numbers in the report.

Finding and Recommendation

Finding - unsupported salaries, benefits and related indirect costs

The State Controller's draft audit report about the County's SB 90 program-Absentee Ballots states: -

In calculating the countywide productive hours, the county included unallowable deductions for training and authorized break time. The county deducted estimated training time based on hours required by employees' bargaining unit agreements and/or continuing education requirements for licensure/certification rather than actual training hours attended. Furthermore, deducted training hours benefit specific departments' classification rather than all departments. For fiscal year (FY) 2003, the county

Board of Supervisors: Donald F. Gage, Blanca Alvarado, Pete McHugh, James T. Beall, Jr., Liz Kniss
County Executive: Peter Kurras, Jr.



introduced a training code under its current automated payroll system to track employees' training hours. The county claimed that the training hours charged to this code were actual time spent by employees attending non-program related classes. However, the county was unable to substantiate the excluded training hours with any supporting documentation. Further it was unclear whether the training classes attended were program-or non-program related. In addition the county deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period; therefore, the county cannot exclude those hours from productive hours.

For the entire audit period, the county also deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period. Therefore, the county cannot deduct training and authorized break time from productive hours.

Response

We note that compared to the previous audit reports, there is a welcome change now that the audit finding is not the non-allowability of the policy of countywide productive hours but is limited to the treatment and documentation for training and break time only. Thank you for accepting the countywide productive hour policy. Consequently, we will only discuss the two specific issues of documentation for training time and break.

The County implemented the countywide calculation of productive hours in FY 2000-01. Claims filed for that fiscal year were based on calculations that included training time received by employees and reported by County departments, based on collective bargaining agreements or rosters related to actual training sessions that were conducted. Break-time was similarly calculated, based on requirements of collective bargaining agreements and State law. For all subsequent fiscal years, the County modified the automated payroll system to capture actual hours of training by individual employee for all County departments.

The county's policy for reporting training time is only related to non-program training. Departments have been advised to exclude program-related training from the pay period data reporting. We explained this to the state audit staff. We also explained that the payroll section can only maintain the total time spent and reported by each department. The analysis as to whether they were program-related or not is done in the departments. We told the state audit staff to check this issue in the departments if they wished. All data and records required for the audit were produced.

On the issue of reporting actual break-time taken by employees, our automated payroll system could accommodate such a change; but the additional time and cost of recording such information would exceed the value of the information obtained. This information can readily be determined by simple calculation. This conclusion is consistent with OMB A-87 cost allocation principles, which limit the effort expected of state and local governments to calculate indirect costs when such costs are "... not readily assignable...without effort disproportionate to the results achieved." In the case of daily break-time required by both State law and collective bargaining agreements, the

recording of actual break-time taken twice daily by more than 15,000 employees during 250 workdays per year would not result in the determination of a materially different amount of actual time taken than could be readily calculated pursuant to the 30 minute daily standard specified by the collective bargaining agreements. The cost of doing this would be prohibitive. Because the County has directed all employees (Attachment A) to limit the daily reporting of hours worked to 7.5 hours when preparing SB 90 claims, the effect of not allowing the County to exclude one-half hour per day break-time from the productive hour calculation would be to increase the hours charged to SB 90 claims by the same one-half hour per day for all claims involving full-day charges. As stated in the case of training time earlier, the break time on days when the staff work exclusively on specific programs is not included in the break time for this purpose.

We previously clarified these issues in response to an email dated February 6, 2004 from the Audit Division of the State Controller's Office. The email stated that the State would accept the usage of a countywide productive hourly rate with certain conditions (Attachment B). That email raised the same issues raised in this audit report. For your reference the email from the Audit Division of the State Controller's Office dated February 6, 2004 is reproduced below.

Copy of email dated February 6, 2004 from Jim Spano to the County of Santa Clara

Ram,

I reviewed the county's proposal dated December 19, 2001, to use countywide Productive hours and have discussed your analysis with my staff and Division Of Accounting and reporting staff. The use of countywide productive hours Would be acceptable to the State Controller's Office provided all employee Classifications are included and productive hours are consistently used for All county programs (mandated and non-mandated).

The SCO's Mandated Cost Manual (claiming instructions), which includes Guidelines for preparing mandated cost claims, does not identify the time Spent on training and authorized breaks as deductions (excludable components) from total hours when computing productive hours. However, if a county chooses to deduct time for training and authorized breaks in calculating countywide productive hours, its accounting system must separately identify the actual time associated with these two components. The accounting system must also separately identify training time directly charged to program activities. Training time directly charged to program activities may not be deducted when calculating productive hours.

The countywide productive hours used by Santa Clara County were not consistently applied to all mandates for FY 2000-01. Furthermore, countywide productive hours used during the audit periods include unallowable deductions for time spent on training and authorized breaks. The county deducted training time based on hours required by employees' bargaining unit agreement and continuing education requirements for licensure/certification rather than actual training hours taken. In addition, the county deducted

authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period, and therefore, cannot exclude those hours from productive hours.

If you would like to discuss the above further, please contact me.

Jim "Spano

We responded to all the issues raised by Jim Spano. We use the countywide productive hours policy for non-SB90 programs, as suggested by Jim Spano in Para 1. Further, before the introduction of the countywide productive hour policy in the County of Santa Clara in our letter of December 27, 2001, we noticed (Attachment C) the State Controller that the County was electing to change its SB 90 claiming procedures for the calculation of productive hourly rates. The County reported that the switch to a countywide methodology for the calculation of average countywide productive hours per position would improve SB 90 claiming accuracy, consistency, and documentation and facilitate the State audit function. Consequently, more than 50 claims have been submitted and accepted during the past two years using this countywide methodology.

We advised state audit staff and provided a copy of the County's letter dated December 27, 2001 and explained our understanding of the SB 90 instructions pertaining to the calculation of productive hours. The State auditors were unable to provide any written State procedures, regulations or other legal authority to refute our interpretation of Section 7 of the State Controller's SB 90 Claiming Instructions for Cities, Counties and Special Districts.

We respectfully request you to reconsider your findings on the usage of countywide productive hour policy and recalculate the numbers in the report to allow all the costs in this claim.

Attachments A,B and C.

ATTACHMENT A

Ramalah Venkatesan
12/19/2001 04:05 PM

To: alan.minato@sho.co.scl.ca.us, amy.kung@esa.co.scl.ca.us, andy.balance@apd.co.scl.ca.us, Bill Helfman <bill.helfman@bos.CO.Santa-Clara.CA.US>, ctrinh@da.co.scl.ca.us, Champa.Manian@apd.CO.Santa-Clara.CA.US, dhunter@cor.co.scl.ca.us, donna.prochazka@pdo.co.scl.ca.us, isaac_p@pag.co.scl.ca.us, martha.paine@hhs.co.scl.ca.us, mike.rock@cnt.co.scl.ca.us, peter.ng@ceo.co.scl.ca.us, virginia.lee@rov.co.scl.ca.us, lisa.perez@doc.co.scl.ca.us, michael.lipman@era.co.santa-clara.ca.us
cc:
Subject: Countywide productive hours

Ram Venkatesan
SB 90 Coordinator
Controller Treasurer's Office
County of Santa Clara
408-299-2541
408-289-8629 Fax

I am attaching the Countywide productive hours calculated for FY00 and FY01 to be used for all new claims , amendment claims FY00 and Annual claims FY 01. The FGOC has approved the usage of Countywide Productive hours as a policy. We have informed our consultants DMG Maximus also. If you have any questions please contact me.

regards , ram venkatesan

After sending the above letter last week, I received a few telephone calls regarding the time charging method to be followed. in view of the usage of countywide productive hours. I would like to clarify the same .

1. As we are removing the informal time off(break time) and other unproductive hours from the productive hours calculation the time charged to the SB90 programs should be the actual no.of hours when the total no.of hours spent on Sb90 is less than 8 hours a day and if a full day work is charged to SB90 program, it should be restricted to 7.5 hours only . This point was discussed in the workshop meetings also

2.. We will be informing the SCO of the new policy of Countywide productive hours.

Our Consultants Maximus have also been informed of this procedure to be followed. Please call me if you need any further clarifications.



Prod Hrs 99-00 & 00-0



jspano@sco.ca.gov
02/06/2004 03:09 PM

To: Ram.Venkatesan@fin.sccgov.org
cc: cprasad@sco.ca.gov, svanzee@sco.ca.gov, mhavay@sco.ca.gov,
gibrummels@sco.ca.gov, mquerin@sco.ca.gov, aluna@sco.ca.gov,
jvenneman@sco.ca.gov
Subject: Countywide Productive Hours

Ram,

I reviewed the county's proposal dated December 19, 2001, to use countywide productive hours and have discussed your analysis with my staff and Division of Accounting and Reporting staff. The use of countywide productive hours would be acceptable to the State Controller's Office provided all employee classifications are included and productive hours are consistently used for all county programs (mandates and nonmandated).

The SCO's Mandated Cost Manual (claiming instructions), which includes guidelines for preparing mandated cost claims, does not identify the time spent on training and authorized breaks as deductions (excludable components) from total hours when computing productive hours. However, if a county chooses to deduct time for training and authorized breaks in calculating countywide productive hours, its accounting system must separately identify the actual time associated with these two components. The accounting system must also separately identify training time directly charged to program activities. Training time directly charged to program activities may not be deducted when calculating productive hours.

The countywide productive hours used by Santa Clara County were not consistently applied to all mandates for FY 2000-01. Furthermore, countywide productive hours used during the audit periods include unallowable deductions for time spent on training and authorized breaks. The county deducted training time based on hours required by employees' bargaining unit agreement and continuing education requirements for licensure/certification rather than actual training hours taken. In addition, the county deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period, and therefore, cannot exclude those hours from productive hours.

If you would like to discuss the above further, please contact me.

- > Jim L. Spano, CPA
- > Chief, Compliance Audits Bureau
- > Division of Audits
- > State Controller's Office
- > Work - (916) 323-5849
- > Fax - (916) 327-0832
- >
- >

County of Santa Clara

ATTACHMENT C.



Finance Agency
Controller-Treasurer Department
County Government Center, East Wing
70 West Hedding Street
San Jose, California 95110-1705
(408) 299-2541 FAX 280-8620

December 27, 2001

The State Controller's Office
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P. O. Box 942850
Sacramento, CA 94250

Subject: Countywide Productive Hourly Rate for SB90 Claims

The Santa Clara County has decided to use the countywide effectively hourly rate in calculating the direct labor costs for its future SB90 claims. The methodology used by the County in determining the countywide effective hourly rate is consistent with the guidelines issued by the State Controller's Office in the 'SB90-Mandated Cost Manual for the Counties'. Developing a countywide effective hourly rate will standardize the County's approach, minimize duplication of effort presently expended making these calculations, and improve the accuracy and documentation related to the calculation of the productive hour rates.

The State Manual suggests the following three methods for determining the productive hours and gives the counties an option to use any of these methods:

- a. Actual annual productive hours for each job title;
- b. Countywide average annual productive hours; or
- c. The standard annual 1800 hours. The State Controller included the following items in determining the standard 1800 hours:
 - Paid holidays
 - Vacation earned
 - Sick leave taken
 - Informal time off
 - Jury Duty
 - Military leave taken

Prior to developing the productive hourly rate calculations, our Management Auditor (Roger Mialocq) contacted the State Controller's Bureau Chief for Compliance Audits (Jim Spano) to see if there were any objections to the countywide productive hourly rate usage. Mr. Spano concurred that the countywide hourly rate will result in a more efficient, less costly and more accurate approach.

Board of Supervisors: Donald F. Cagle, Blanca Alvarado, Pete McHugh, James T. Beall Jr., Liz Kniss
County Executive: Richard Wittenberg


5001

We have decided to use the countywide effective hours, and have enclosed for your review, analysis of actual hours for all county employees and the calculation of the countywide productive hours for the fiscal years 2000 and 2001. For this, we have used the information on actual hours expended during the fiscal year with data extracted from the county's computerized payroll (People Soft) system. We will amend the SB90 claims for fiscal year 2000, and will prepare all future SB90 claims using this methodology.

Please review the enclosed schedules and provide us with your immediate response. Complete supporting working papers are available at our office and will be made available upon your request. We will submit the details with each claim submitted.

If you need more information, please contact the County's SB90 Coordinator, Mr. Ram Venkatesan, at (408) 299-5214 or by email ramaiah.venkatesan@fin.co.scl.ca.us

Sincerely,



David G. Elledge
Controller-Treasurer

Encl:

County of Santa Clara

Finance Agency
Controller-Treasurer Department
County Government Center, East Wing
70 West Hedding Street
San Jose, California 95110-1705
(408) 299-2541 FAX 289-8629



December 27, 2001

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Attn: Local Reimbursements Section
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Board of Supervisors: Donald F. Gage, Blanca Alvarado, Pete McHugh, James T. Beall Jr., Liz Kniss
County Executive: Richard Wittenberg



EXHIBIT I

Santa Clara County

Domestic Violence Treatment Services Program

County of Santa Clara

Finance Agency

Treasurer-Treasurer Department

County Government Center, East Wing
70 West Hedding Street
San Jose, California 95110-1705
(408) 299-2541 FAX 280-8630



December 27, 2001

The State Controller's Office
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P. O. Box 942850
Sacramento, CA 94250

Subject: Countywide Productive Hourly Rate for SB90 Claims

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Board of Supervisors: Freddie F. Gaige, Bruce W. Garcia, Pete McHugh, James T. Peltz, Jr., Liz Kniss
County Executive: Richard W. Hertzberg

Santa Clara CountyDomestic Violence Treatment Services Program

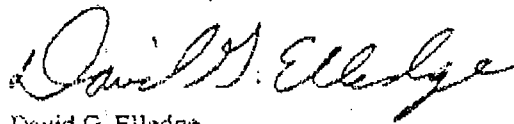
SB90-Productive Hours
December 17, 2001
Page 2 of 3

We have decided to use the countywide effective hours, and have enclosed for your review, analysis of actual hours for all county employees and the calculation of the countywide productive hours for the fiscal years 2000 and 2001. For this, we have used the information on actual hours expended during the fiscal year with data extracted from the county's computerized payroll (People Soft) system. We will amend the SB90 claims for fiscal year 2000, and will prepare all future SB90 claims using this methodology.

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If you need more information, please contact the County's SB90 Coordinator, Mr. Ram Venkatesan, at (408) 299-5214 or by email ramajiah.venkatesan@fina.co.scl.ca.us

Sincerely,



David G. Elledge
Controller-Treasurer

Encl:

JAV:00129-012/013-001 - Enclosure Form, Santa Clara Schedule 001

ANALYSIS OF FY 2000-01 ACTUAL HOURS FOR ALL COUNTY EMPLOYEES

Hours Code	Description	Balance at 9/25/00 (1)	Balance at 12/24/00 (2)	6/25/00-12/24/00 (3)	Balance at 7/8/01 (4)	FY 1999-00 Total (3+4)	Avg Hrs Per FTE*4
51	Vacation Accrued and Earned	1,096,825	2,277,954	1,161,129	1,216,792	2,267,652	159.10
52	Personal Leave Earned	5,964	263,279	276,315	8,199	284,514	19.96
100	Regular Hours	12,245,376	24,433,925	12,188,550	13,609,296	26,797,848	1,809.34
600	Release Time	3,038	6,166	3,128	2,494	5,623	0.39
605	Administrative Leave	4,620	10,074	5,454	9,253	14,707	1.03
606	Paid Leave Pending Investigation	8,409	15,676	7,467	2,549	10,015	0.70
620	First Day Sick	50,392	99,702	49,310	64,673	103,983	7.30
625	Safety 48 Hour Disability Lv	32,632	76,077	43,445	53,603	97,048	6.81
630	Military Leave	328	1,294	956	506	1,452	0.10
635	FLSA Comp. Time Used's	21,440	45,862	24,422	29,060	17,827	1.30
640	Regular Comp. Time Used's	42,447	15,794	43,307	52,363	31,890	2.32
653	Annual Leave Used	14,552	31,108	16,545	19,225	35,770	2.51
655	Sick Leave Use	452,532	38,243	435,741	507,728	943,469	66.19
660	Other Paid Time	16,433	34,635	18,232	10,374	28,106	2.04
665	Jury Duty	629	1,401	772	1,301	2,073	0.15
675	Removment Leave	854	1,604	741	2,211	2,952	0.21
676	Removment Leave-PT/STO	24	70	46	113	159	0.01
677	Removment Leave-Chg Sick Lv	270	557	289	782	1,068	0.07
Total Actual Hours Earned Hours		19,997,762	26,293,610	14,295,647	15,561,023	29,847,195	2,080
Full-time Equivalent Positions						13,726	
Weekdays Worked			130			140	
Paid Hours Worked						2,160	

ANALYSIS	
Average Productive Hours per Employee	1,809.94
Less Holidays	-98.00
Less Daily Break Time	-113.12
Less Training Time *3	-37.17
Net Average Productive Hours Per Employee	1,571.65

- Notes:
- *1 Excludes holiday hours for 1,480 CE/MA employees, since holiday hours are included for all employees below.
 - *2 Two 15-min breaks are provided daily per bargaining unit contracts.
 - *3 Training time is calculated based on an analysis of each bargaining unit MCA and the required continuing education hours for licensure/certification in the applicable classifications.
 - *4 Adjusted by a factor of .963 to account for the additional 10 days covered by the payroll documents.
 - *5 Includes one-third of comptime hours used since one hour is worked for every 1.5 hours taken.

11/13/01

EXHIBIT J



jspano@sco.ca.gov
 02/06/2004 03:09 PM

To: Ram.Venkatesan@fin.sco.gov.org
 cc: cprasad@sco.ca.gov, svanee@sco.ca.gov, mhavey@sco.ca.gov,
 gibrummels@sco.ca.gov, mquerin@sco.ca.gov, aluna@sco.ca.gov,
 jvenneman@sco.ca.gov
 Subject: Countywide Productive Hours

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If you would like to discuss the above further, please contact me.

- > Jim L. Spano, CPA
- > Chief, Compliance Audits Bureau
- > Division of Audits
- > State Controller's Office
- > Work - (916) 323-5849
- > Fax - (916) 327-0832
- >
- >