

1. INCORRECT REDUCTION CLAIM TITLE

Local Government Employee Relations IRC

FY 2010-11

2. CLAIMANT INFORMATION

City of Monrovia

Name of Local Agency or School District

Buffy J. Bullis

Claimant Contact

Administrative Services Director/Finance Director

Title

415 S. Ivy Ave.

Street Address

Monrovia, CA 91 016

City, State, Zip

626-932-5513

Telephone Number

626-932-5566

Fax Number

bbullis@ci.monrovia.ca.us

E-Mail Address

3. CLAIMANT REPRESENTATIVE INFORMATION

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

Annette. S. Chinn

Claimant Representative Name

President

Title

Cost Recovery Systems, Inc.

Organization

705-2 East Bidwell Street #294

Street Address

Folsom, CA 95630

City, State, Zip

916-939-7901

Telephone Number

916-939-7801

Fax Number

achinnrcs@aol.com

E-Mail Address

For CSM Use Only

Filing Date

RECEIVED
August 15, 2017
Commission on
State Mandates

IRC # 17-0130-I-01

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

Please specify the subject statute or executive order that claimant alleges is not being fully reimbursed pursuant to the adopted parameters and guidelines.

Chapter 980, Statutes of 2000

5. AMOUNT OF INCORRECT REDUCTION

Please specify the fiscal year and amount of reduction. More than one fiscal year may be claimed.

Fiscal Year	Amount of Reduction
2010-11	\$50,459.00

TOTAL:**6. NOTICE OF INTENT TO CONSOLIDATE**

Please check the box below if there is intent to consolidate this claim

Yes, this claim is being filed with the intent to consolidate on behalf of other claimants.

Sections 7 through 11 are attached as follows:

7. Written Detailed

Narrative: pages 1 to 5

8. Documentary Evidence and Declarations:

Exhibit 1

9. Claiming Instructions:

Exhibit 2

10. Final State Audit Report or Other Written Notice of Adjustment:

Exhibit 3

11. Reimbursement Claims:

Exhibit 4

Sections 7 through 11 shall be included with each incorrect reduction claim submittal.

7. WRITTEN DETAILED NARRATIVE

Under the heading "7. Written Detailed Narrative," please describe the alleged incorrect reduction(s). The narrative shall include a comprehensive description of the reduced or disallowed area(s) of cost(s).

8. DOCUMENTARY EVIDENCE AND DECLARATIONS

If the narrative describing the alleged incorrect reduction(s) involves more than discussion of statutes or regulations or legal argument and utilizes assertions or representations of fact, such assertions or representations shall be supported by testimonial or documentary evidence and shall be submitted with the claim under the heading "8. Documentary Evidence and Declarations." All documentary evidence must be authenticated by declarations under penalty of perjury signed by persons who are authorized and competent to do so and be based upon the declarant's personal knowledge or information or belief.

9. CLAIMING INSTRUCTIONS

Under the heading "9. Claiming Instructions," please include a copy of the Office of State Controller's claiming instructions that were in effect during the fiscal year(s) of the reimbursement claim(s).

10. FINAL STATE AUDIT REPORT OR OTHER WRITTEN NOTICE OF ADJUSTMENT

Under the heading "10. Final State Audit Report or Other Written Notice of Adjustment," please include a copy of the final state audit report, letter, remittance advice, or other written notice of adjustment from the Office of State Controller that explains the reason(s) for the reduction or disallowance.

11. REIMBURSEMENT CLAIMS

Under the heading "11. Reimbursement Claims," please include a copy of the subject reimbursement claims the claimant submitted to the Office of State Controller.

12. CLAIM CERTIFICATION

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

This claim alleges an incorrect reduction of a reimbursement claim filed with the State Controller's Office pursuant to Government Code section 17561. This incorrect reduction claim is filed pursuant to Government Code section 17551, subdivision (d). I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this incorrect reduction claim submission is true and complete to the best of my own knowledge or information or belief.

Buffy J. Bullis
Print or Type Name of Authorized Local Agency
or School District Official

Administrative Services Director/Finance Director
Print or Type Title



Signature of Authorized Local Agency or
School District Official

9/19/17

Date

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



August 10, 2017

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

Re: Incorrect Reduction Claim for Local Government Employee Relations Program,
City of Monrovia

Dear Ms. Halsey,

The City of Monrovia is requesting to appeal the decision of the State Controller's Office (SCO) to deny reimbursement of \$50,459 in state mandated costs for FY 2009-10 for the Local Government Employee Relations Program No. 298. The City requests that the Commission on State Mandates review and consider this Incorrect Reduction Claim (IRC) to reverse the reduction made to the City's claim.

The City believes that the SCO's decision to reduce the claim is not justified and is unfair because the SCO's accounting division waited almost three years to audit the City's claim to determine that the claim would be reduced by \$50,459 due to clerical errors (described further in this letter). Because the SCO waited almost three years to audit the claim and notify the City of the error, the City was unable to correct the claim as the filing period had passed. After multiple requests to the SCO, the City was denied an opportunity to revise/amend the claim. It is important to note that, had the City known of the clerical error sooner (not three years later), the City would have immediately corrected and resubmitted the claim within the filing period. Furthermore, the City believes that state mandated costs should not be denied on the basis of a clerical error and that the City should be given an opportunity to amend a claim that contains actual, eligible, state mandated costs.

This IRC letter provides a summary of the claim, a chronology of events, a relevant case study, and an overview of the City's compliance with the state mandate guidelines.

The following documents are attached to assist with your review:

1. Original Claim for the Local Government Employee Relations (Dated 1/30/2012)
2. Backup Documentation of Invoices (Submitted with Original Claim on 1/30/2012)
3. Email Notification from SCO Regarding Claim Reduction and Email Correspondences (Dated 9/29/2014 - 9/30/2014)
4. Final Written Appeal Letter to the State Controller's Office (dated 9/8/2016)
5. State Controller's Office Denial Letter (dated 10/20/2016)

**Summary of SB90 Claim - Local Government Employee Relations Program No. 298
Original Claim Submitted on 1/19/2012**

Fiscal Year	Cost Incurred	Notes
2009-10	\$50,459	The FY 2009-10 claim was denied because it was mistakenly recorded in FY 2010-11 instead of FY 2009-10 and the filing period for FY 2009-10 had passed by the time the City was notified of the reduction on 9/29/2014.
2010-11	\$147,355	The FY 2010-11 claim was approved as part of the original claim because it was recorded in the correct fiscal year 2010-11
2011-12	\$31,813	The FY 2011-12 claim was denied because it was mistakenly recorded in FY 2010-11 instead of FY 2011-12; however, the City was able to resubmit the claim separately in the subsequent year.
Total Claim	\$229,627	Total amount submitted.
2009-10 Reduction	\$50,459	Total amount denied.
Total Amount Recovered	\$179,168	Total amount approved. This includes the FY 2010-11 claim that was originally approved and the FY 2011-12 claim that was revised and resubmitted.

As indicated in the summary above, the FY 2009-10 cost was the only portion of the claim that was not resolved or recovered due to the State Controller's Office (SCO) denial of the claim. The City of Monrovia is filing the Incorrect Reduction Claim (IRC) to reverse the FY 2009-10 \$50,459 reduction made to the City's claim.

Chronology:

- **January 30, 2012** - City timely submitted the FY 2010-11 claims for State Reimbursement.

The City submitted an SB 90 Claim for the Local Government Employee Relations Program No. 298 for three fiscal years (FY 2009-10, FY 2010-11, and FY 2011-12) under one submittal (FY 2010-11 FAM-27.) At the time, the City had inadvertently filed the multi-year claim and did not realize it would cause the claim to be ineligible.

- **September 29, 2014** - State Controller's Office auditor notified the City of the claim reduction.

The State Controller's Office waited almost three years to audit the City's claim. On September 29, 2014, Ms. Afsana Saida, SCO Auditor, notified the City of Monrovia that the FY 2010-11 Local Government Employee Relations claim would be reduced by \$50,459, due to errors in filing the claim for FY 2009-10, FY 2010-11, and FY 2011-12 in one submission (under the FY 2010-11 period), rather than filing separate claims for each fiscal year. It is important to note that, had the City known of the clerical error sooner, the City would have corrected and resubmitted the claim for FY 2009-10.

- **September 29, 2014** - City Finance Director, Ms. Buffy Bullis, responds to the SCO.

Ms. Bullis emailed the SCO a message requesting correction of the clerical error and restoration of the \$50,459 reduction (less applicable late penalties) for the FY 2009-10 costs that were submitted.

- **September 30, 2014** - State Controller's Offices' desk auditor denies the City's request.

Ms. Afsana Saida emailed the City a response denying the City's request to correct the clerical error and restore the eligible FY 2009-10 costs of \$50,459. Ms. Afsana Saida indicated that the reduction would not be restored because all "Actual costs must be traceable and be supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities," as noted in the attached email correspondence. However, the City believes that these requirements were, in fact, satisfied and that the City filed the claim in good faith. The claim included *valid and traceable costs* through proper documentation of actual and eligible invoices.

Ms. Bullis followed up with a phone call to Mr. Jay Lal, SCO Accounting Division Manager; however, the request to correct the clerical error was denied. The City was informed that the cut would not be restored because the deadline to file the FY 2009-10 claims had passed. However, had the City known of or been notified of the clerical error sooner (not almost three years after the original claim submittal), the City would have corrected the paperwork within the allowable timeframe by submitting a separate late claim for FY 2009-10.

- **September 8, 2016** - City Finance Director, Ms. Buffy Bullis, makes a final written appeal to SCO.

Ms. Bullis mailed Mr. Jay Lal, SCO Accounting Division Manager, a final written appeal to request reconsideration of the denial and allow the City to correct the FY 2009-10 claim and recover the state mandated costs for that period.

- **October 20, 2016** - State Controller's Office again denies request for reconsideration.

Mr. Jay Lal, SCO Accounting Division Manager, mails a written letter denying the City's request for reconsideration of the denied FY 2009-10 costs.

- **August 10, 2017** - City Files an Incorrect Reduction Claim

This Incorrect Reduction Claim is filed on time as local agencies (the City) can submit the IRC to the Commission on State Mandates within three years from the date of the State Controller's notice. The original notice submitted by the State Controller's Office was submitted to the City on September 29, 2014, as noted above, and sets the IRC deadline to September 29, 2017.

Relevant Case Study:

On March 18, 2016, the Commission on State Mandates issued a Draft Proposed Decision regarding the City of Los Angeles Incorrect Reduction Claim for Firefighter Cancer Presumption Claim (09-4081-I-01). The City of Monrovia has observed similarities between this IRC case and the one detailed above. In the City of Los Angeles case, they had also attached documented costs to their claims; however, had made a clerical error in transferring those cost to their FAM-27 coversheet. The Commission found that the State Controller's Office should have allowed for the correction of a "mere arithmetic error". This case is similar in that the costs were all eligible, properly documented at the time of filing and the error was due to a simple clerical error. Had the SCO's office notified the City of Los Angeles immediately, the City could have still had time to provide separate coversheets and submit the corrected paperwork. Reference: <https://www.csm.ca.gov/matters/09-4081-I-01/doc7.pdf>

Compliance with State Mandate Requirements:

The City believes the FY 2009-10 expenses in the amount of \$50,459 are legitimate, valid, and reimbursable based on the following state mandate requirements:

- "Government Code (GC) sections 17500 through 17617 provide for the reimbursement of costs incurred by local agencies for costs mandated by the State. These are costs that local agencies are required to incur after July 1, 1980, as a result of any statute enacted after January 1, 1975, or any executive order implementing such statute which mandates a new program or higher level of service of an existing program." (The City's costs claimed were eligible, documented, and incurred to comply with a State Mandated Program.)
- "Reimbursement claims are defined as any claim filed with the State Controller's Office (SCO) for reimbursement of costs incurred for which an appropriation is made for the purpose of paying the claim. All claims received by the SCO will be reviewed to verify all actual costs claimed. An adjustment of the claim will be made if the amount claimed is determined to be excessive, improper, or unreasonable." (The City's costs were not found to be excessive, improper, or unreasonable. The FY 2010-11 and FY 2001-12 costs were not questioned.)
- "Each local agency, to which the mandate is applicable, shall submit claims for the costs of the initial fiscal years to the SCO within 120 days of the issuance date for the claiming instructions, pursuant to GC section 17561(d)(1)(A)." (The City's costs were submitted to the State by the deadline.)
- "In order for the SCO to authorize the payment of a claim, the Certification of Claim, Form FAM-27, must be properly filled out, signed in blue ink, and dated by the agency's authorized officer." (The City believes the wording here is important. It does not say "in order for the State to APPROVE COSTS", instead it states "Authorize Payment". Granted – the Form FAM-27 was not filled in properly; however – if a claimant had, for example, filed the FAM-27 in black ink instead of blue ink, should that preclude them from obtaining reimbursement for properly documented and timely submitted eligible costs? The City believes that the actual submission and its attached support is the claim – and not just the properly completed coversheet. Clerical errors should not be grounds for denial of constitutionally guaranteed, mandated costs reimbursements.)

At this time, the City of Monrovia kindly requests that your Commission consider this Incorrect Reduction Claim and overturn the State Controller's Office decision to deny the claim and allow the City to correct a simple clerical error. The City is willing to provide amended paperwork to correct the error. Please note that all costs submitted were prepared in accordance with the claiming instructions, Statement of Decision, and the Parameters and Guidelines adopted by the Commission.

Attached are City correspondences with the State and claim documentation, which we feel explains the circumstances of this case. Should you have any questions, please contact me at (626) 932-5513 or our consultant, Annette Chinn, at (916) 939-7901.

Sincerely,



Buffy Bullis

Administrative Service Director/Finance Director

City of Monrovia

Phone: (626) 932-5513 | Fax (626) 932-5567 | Email: bbullis@ci.monrovia.ca.us

c: Anne Kato, Chief Bureau of Payments
Annette Chinn, Cost Recovery Systems, Inc.

EXHIBIT 1



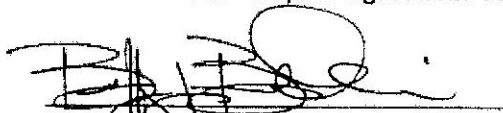
**Declaration of Buffy J. Bullis
In support of
The City of Monrovia's Incorrect Reduction Claim for the
FY 2009-10 State Mandated Claim
Local Government Employee Relations Program No. 298**

I, Buffy J. Bullis, declare as follows:

1. I am employed by the City of Monrovia and hold the position of Administrative Services Director/Finance Director. I have worked for the City of Monrovia since 2003. I have personal knowledge of the facts herein and if called upon to testify, I could do so to the best of my knowledge.
2. On January 30, 2012, the City of Monrovia timely submitted an SB 90 Claim for the Local Government Employee Relations Program No. 298 for three fiscal years (FY 2009-10, FY 2010-11, and FY 2011-12) under one submittal (FY 2010-11 FAM-27.) At the time, the City had inadvertently filed the multi-year claim and did not realize it would cause the claim to be ineligible.
3. On September 29, 2014, almost three years after the original claim submittal, the SCO auditor notified the City of Monrovia that the FY 2009-10 portion of the claim (\$50,459) was denied because it was [mistakenly] recorded in the FY 2010-11 claim instead of filing a separate claim for FY 2009-10.
4. On October 20, 2016, the SCO Accounting Division Manager informed the City of Monrovia that the FY 2009-10 claim could not be corrected and resubmitted because the filing period for the FY 2009-10 claims had passed.

I declare under penalty of perjury under the laws of the State of California that the information in this declaration is true and complete to the best of my own knowledge or information or belief.

Executed this 10th day of August 2017 at Monrovia, California.



Buffy J. Bullis, Declarant



Sent via email to: achinners@aol.com and bullis@ci.monrovia.ca.us

September 8, 2017

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

Ms. Buffy Bullis
Administrative Services Director
City of Monrovia
415 S. Ivy Ave.
Monrovia, CA 91016

RE: Notice of Incomplete Incorrect Reduction Claim

Local Government Employee Relations

Statutes 2000, Chapter 980

City of Monrovia, Claimant

Dear Ms. Chinn and Ms. Bullis:

On August 15, 2017, the Commission on State Mandates (Commission) received an incorrect reduction claim (IRC) filed by the City of Monrovia on the above-named matter.

Upon initial review, Commission staff finds this incorrect reduction claim to be incomplete because: (1) since the incorrect reduction claim form submitted is not the current form, *Section 12. Claim Certification* has been omitted¹; and, (2) the person listed in *Section 2. Claimant Information* of the incorrect reduction claim form does not appear to be the city manager or director of finance and no resolution or ordinance of the City Council has been submitted to show that she has been authorized by the City to file an incorrect reduction claim, as is required under section 1185.1(a)(2) of the Commission's regulations.

Who May File an Incorrect Reduction Claim on Behalf of a Local Agency?

Pursuant to section 1185.1(a)(2) of Commission regulations, only specified authorized city officials may file on behalf of a city.

Section 1185.1(a)(2) of Commission regulations state that only a "city manager, director of finance, or other officer with a delegation by ordinance or resolution from the city council, may file on behalf of a city." Therefore, only an official authorized in section 1185.1(a)(2) of the Commission's regulations may be named as Claimant Contact in *Section 2. Claimant Information* on the incorrect reduction claim form, or act as the authorized signatory in *Section 12. Claim Certification* of the incorrect reduction claim form. Ms. Bullis's title is "Administrative Services Director" and nothing has been submitted for the record to indicate that she is in fact the city manager or director of finance or that she has been delegated by ordinance or regulation to file on behalf of the city. Thus, Ms. Bullis may not be named as Claimant Contact in *Section 2. Claimant Information* on the incorrect reduction claim form, nor may she act as the authorized signatory for the purposes of *Section 12. Claim Certification* of the incorrect reduction claim form. In addition, the language certifying the claim under the penalty of perjury has been omitted from the submission due to the omission of *Section 12*, which is included on the current Commission form. However, Ms. Bullis and anyone else who

¹ Please see the Commission on State Mandates' website for current forms: <https://www.csm.ca.gov/forms/IRCForm.pdf> [accessed August 23, 2017].

specifically requests to be on the mailing list for a matter is included on all service of written materials and may participate in the mandate determination process.

Curing This Incorrect Reduction Claim

1. A revised, current incorrect reduction claim form that provides the claimant information of an individual authorized to file on behalf of the agency under section 1185.1 of the Commission's regulations in *Section 2. Claimant Information* and sign, certifying the claim, in *Section 12. Claim Certification*.

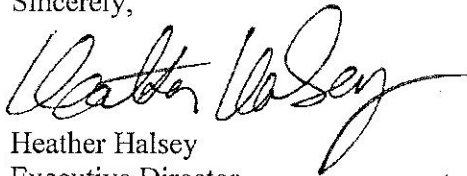
If Ms. Bullis is in fact authorized to file on behalf of the City, please include a copy of the delegation by ordinance or resolution from the City of Monrovia's city council demonstrating that the Administrative Services Director is eligible to legally bind the city for the purpose of mandate claims.

Retaining Your Original Filing Date

To retain the original filing date, please refile the required elements to cure this incorrect reduction claim as specified above, which will supersede any initial filing, within 30 days of the date of this letter by **October 9, 2017**. If a complete incorrect reduction claim filing is not received within 30 calendar days from the date of this letter, the executive director may disallow the original incorrect reduction claim filing date. (Cal. Code Regs., tit. 2, § 1185.2(a).) As provided in the Commission's regulations, a real party in interest may appeal to the Commission for review of the actions and decisions of the executive director. Please refer to California Code of Regulations, title 2, section 1181.1(c).

The revised filing may be submitted electronically via the Commission's e-filing system pursuant to section 1181.3 of the Commission's regulations and will replace the original filing. Please see the Commission's website at http://www.csm.ca.gov/dropbox_procedures.php

Sincerely,



Heather Halsey
Executive Director

DECLARATION OF SERVICE BY EMAIL

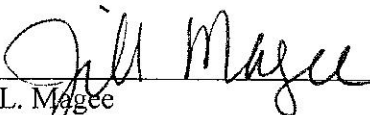
I, the undersigned, declare as follows:

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.

On September 8, 2017 I served via e-mail to achinnrcrs@aol.com and bbullis@ci.monrovia.ca.us the:

Notice of Incomplete Test Claim Filing
Local Government Employee Relations
Statutes 2000, Chapter 980
City of Monrovia, Claimant

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 September 8, 2017 at Sacramento, California.



Jill L. Magee
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
(916) 323-3562

Emy-Rose Hanna

From: Jill Magee <jill.magee@csm.ca.gov>
Sent: Thursday, September 14, 2017 11:09 AM
To: Emy-Rose Hanna
Subject: RE: Local Government Employee Relations

Hello,


I just heard back from my Executive Director, the resolution you provided is sufficient.

Please let me know if you have any other questions.

Sincerely,
Jill

Jill Magee
Program Analyst
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
www.csm.ca.gov
Phone: (916) 323-3562
Fax: (916) 445-0278

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 Please consider the environment before printing this e-mail

From: Jill Magee
Sent: Thursday, September 14, 2017 8:35 AM
To: 'Emy-Rose Hanna' <ehanna@ci.monrovia.ca.us>
Subject: RE: Local Government Employee Relations

Good morning,

Thanks. Per section 1185.1 of the Commission's regulations, an ordinance or resolution from the city council is required. Please do not submit any unnecessary documents. As I explained, I will get back to you as soon as I have an answer on the ordinance you already sent. Here is a link to the California Code of Regulations:


[https://govt.westlaw.com/calregs/Document/I5D1712838B7A41758B8C0DE410D5C13F?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/I5D1712838B7A41758B8C0DE410D5C13F?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

Sincerely,
Jill

Jill Magee

Program Analyst
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
www.csm.ca.gov
Phone: (916) 323-3562
Fax: (916) 445-0278

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 Please consider the environment before printing this e-mail

From: Emy-Rose Hanna [<mailto:ehanna@ci.monrovia.ca.us>]
Sent: Thursday, September 14, 2017 7:42 AM
To: Jill Magee <jill.magee@csm.ca.gov>
Subject: RE: Local Government Employee Relations

Hello Jill,

I also wanted to send you the link to the City's Org Chart, which may be found on page 25 of the [FY 2016-2017 Budget Book](#).

The Org Chart illustrates how the Administrative Services Department is responsible for all Finance Operations.

Please let me know if the Org Chart, along with the resolution I sent earlier, will suffice. If so, I can include both in the resubmittal of the IRC.

Thank You,

Emy-Rose Hanna

Management Analyst

Administrative Services | City of Monrovia
415 S. Ivy Avenue, Monrovia, CA 91016
Phone: 626-932-5515 | Email: ehanna@ci.monrovia.ca.us
Office Hours: Mon-Thu 7:00 am – 6:00 pm (PST)

From: Emy-Rose Hanna
Sent: Wednesday, September 13, 2017 4:11 PM
To: 'Jill Magee' <jill.magee@csm.ca.gov>
Subject: RE: Local Government Employee Relations

Hi Jill,

I was planning to submit the resolution along with the revised claim form and all the claim contents in our resubmittal later this week.

I sent this over only to confirm that it will be accepted once we resubmit because I don't want it to be deemed incomplete again.

Thank You,

Emy-Rose Hanna

Management Analyst

Administrative Services | City of Monrovia

415 S. Ivy Avenue, Monrovia, CA 91016

Phone: 626-932-5515 | Email: ehanna@ci.monrovia.ca.us

Office Hours: Mon-Thu 7:00 am – 6:00 pm (PST)

From: Jill Magee [<mailto:jill.magee@csm.ca.gov>]

Sent: Wednesday, September 13, 2017 4:05 PM

To: Emy-Rose Hanna <ehanna@ci.monrovia.ca.us>

Subject: RE: Local Government Employee Relations

Hello,

Thank you for your email. I am not sure if it would need to be formally filed via our drop box in order to be considered but I will find out and get back to you, likely sometime tomorrow morning,

Sincerely,

Jill

Jill Magee

Program Analyst

Commission on State Mandates

980 Ninth Street, Suite 300


Sacramento, CA 95814

www.csm.ca.gov

Phone: (916) 323-3562

Fax: (916) 445-0278

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 Please consider the environment before printing this e-mail

From: Emy-Rose Hanna [<mailto:ehanna@ci.monrovia.ca.us>]

Sent: Wednesday, September 13, 2017 4:02 PM

To: Jill Magee <jill.magee@csm.ca.gov>

Subject: RE: Local Government Employee Relations

Importance: High

Hello Jill,

It was a pleasure speaking with you earlier today!

We would like to resubmit the IRC Claim by end of this week. Before we resubmit, we were hoping you could confirm if the attached resolution will satisfy the requirement to have the Director of Finance sign the IRC Claim Form.

I have attached a resolution that contains a Certificate of Authorized Officials whom are allowed to sign financial documents, oversee financial operations and execute financial transactions.

The Administrative Services Director, Buffy Bullis, is shown on the Certificate of Authorized Officials on page 3 of the PDF.

(You can also find out more information about our department here: <http://www.cityofmonrovia.org/your-government/administrative-services/about-us>)

Could you please let me know if this resolution satisfies the requirement to have the Finance Directors' signature on the IRC Claim Form?

Thank you kindly,

Emy-Rose Hanna
Management Analyst

Administrative Services | City of Monrovia
415 S. Ivy Avenue, Monrovia, CA 91016
Phone: 626-932-5515 | Email: ehanna@ci.monrovia.ca.us
Office Hours: Mon-Thu 7:00 am – 6:00 pm (PST)

From: Jill Magee [<mailto:jill.magee@csm.ca.gov>]
Sent: Friday, September 08, 2017 11:45 AM
To: achinnrcs@aol.com; Buffy Bullis <bbullis@ci.monrovia.ca.us>
Cc: Heidi Palchik <Heidi.Palchik@csm.ca.gov>
Subject: Local Government Employee Relations

Good Afternoon Ms. Chinn and Ms. Bullis:

Please find the attached letter regarding the incorrect reduction claim filing you submitted on behalf of the City of Monrovia. Commission staff has determined that this filing is incomplete.


Please contact me if you have any questions.

Sincerely,
Jill

Jill Magee
Program Analyst
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
www.csm.ca.gov
Phone: (916) 323-3562
Fax: (916) 445-0278

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RESOLUTION NO. 2017-03

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY
OF MONROVIA, CALIFORNIA, ESTABLISHING A
CERTIFICATE OF AUTHORIZED OFFICIALS**

THE CITY COUNCIL OF THE CITY OF MONROVIA DOES hereby resolve as follows:

WHEREAS, by Resolution No. 2001-50 the City Council has previously directed Wells Fargo bank to act as the designated banking institution on behalf of the City of Monrovia; and

WHEREAS, by Resolution No. 2001-49 the City Council has previously designated the Bank of New York as the authorized safekeeping custodian for city funds on behalf of the City of Monrovia; and

WHEREAS, the City Council and staff are required from time to time to sign certain documents related to contractual, custodial, banking, investment and safekeeping activities; and

WHEREAS, various organizations and financial institutions require formal authorization to verify the accuracy of the existing authorized officials and officers' signatures;

NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF MONROVIA HEREBY RESOLVES:

SECTION 1. That the Officials identified in Exhibit "A" are now acting and duly qualified to

- a) execute contracts, agreements, and other documents on behalf of the City;
- b) To execute such agreements or documents as the designated banking institution, custodian, or trustee of funds may at any time request (and all renewals or amendments thereto) regarding the City of Monrovia's account(s), including Custodial Agreements (containing indemnity and hold harmless provisions), and which agreement the Administrative Services Director has reviewed and does approve, and
- c) To deposit in any City custody account or accounts, stocks, bonds, securities, cash, funds, checks, instruments and/or other property held or owned by the City of Monrovia from whatever source received, and to disburse, redeem, withdraw, and/or dispose of any such stocks, bonds, securities, cash, funds, checks, instruments and/or other property upon written order or instruction of any two Authorized Persons as identified in Exhibit "A"

SECTION 2. Account signature authorizations and other related routine banking forms or documents may be executed administratively by the City Manager, Administrative Services Director, or any of their designees.

PASSED, APPROVED AND ADOPTED this 17th day of January, 2017.



Tom Adams, Mayor
City of Monrovia

ATTEST:



Alice D. Atkins, CMC, City Clerk
City of Monrovia

APPROVED AS TO FORM:




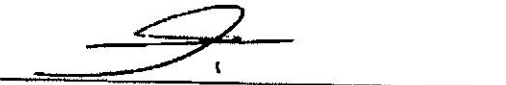

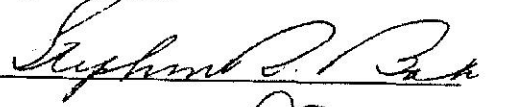



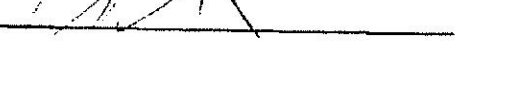
Craig A. Steele, City Attorney
City of Monrovia

RESOLUTION NO. 2017-03

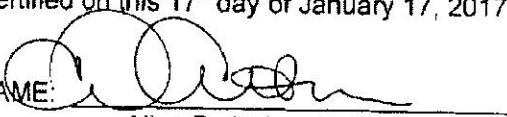
EXHIBIT A

CERTIFICATE OF AUTHORIZED OFFICIALS

I, the undersigned City Clerk of the City of Monrovia, hereby certify that, pursuant to Resolution No. 2017-03, duly adopted by the Monrovia City Council on January 17, 2017, those officials named upon the face of this Certificate have been duly authorized, are now acting, and are qualified to sign written instructions, consents, agreements, documents, accounts, etc., on behalf of this municipality, that the specimen signatures appearing opposite the names and titles are the genuine signatures of such officers, and that said resolution authorizing these officials is now in full force and effect. You are further authorized to recognize these signatures until you receive our written instructions to the contrary.

Tom Adams	Mayor, will sign	
Alexander C. Blackburn	Mayor Pro-Term, will sign	
Oliver Chi	City Manager, will sign	
Stephen R. Baker	City Treasurer, will sign	
Buffy Bullis,	Administrative Services Director, will sign	
Alexander Kung	Deputy Administrative Services Director will sign	
Alice D. Atkins	City Clerk, will sign	
Craig A. Steele	City Attorney, will sign	

Certified on this 17th day of January 17, 2017.

NAME: 
Alice D. Atkins, CMC

TITLE: City Clerk, City of Monrovia

(seal)

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES) §
CITY OF MONROVIA)

I, ALICE D. ATKINS, CMC, City Clerk of the City of Monrovia, California, do hereby certify that the foregoing is a full, true and correct copy of Resolution 2017-03, it was duly adopted and passed at a regular meeting of the Monrovia City Council on the 17th day of January, 2017, by the following vote:

AYES: Councilmembers Crudgington, Shevlin, Spicer, Mayor Pro Tem Blackburn, Mayor Adams

NOES:

ABSTAIN:

EXCUSED:

ATTEST:



Alice D. Atkins, CMC, City Clerk
City of Monrovia

EXHIBIT 2

OFFICE OF THE STATE CONTROLLER
STATE-MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2009-05
LOCAL GOVERNMENT EMPLOYEE RELATIONS

AUGUST 3, 2009

REVISED JULY 1, 2016

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants can use for filing claims for the Local Government Employee Relations program. The SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The Ps & Gs are included as an integral part of the claiming instructions.

On December 4, 2006, the CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

Eligible Claimants

Any city, county, special district or other local agency subject to the jurisdiction of the Public Employment Relations Board (PERB) that incurs increased costs as a result of this mandate is eligible to claim reimbursement.

The City of Los Angeles and the County of Los Angeles are not eligible claimants because they are specifically excluded from PERB's jurisdiction pursuant to GC section 3507.

Special districts, subject to tax and spend limitations pursuant to the provisions of articles XIII A and B of the California Constitution, are eligible to file a claim for reimbursement. To establish proof of eligibility and to minimize payment delays, the SCO requests that special district claimants submit a supporting document affirming that the special district received an annual allocation of property tax revenue from the county pursuant to article XIII A of the California Constitution. This may include a Board of Directors Resolution establishing the appropriation limit for the fiscal year being claimed, in compliance with article XIII B of the California Constitution.

Reimbursement Claim Deadline

Annual reimbursement claims for the **2015-16** fiscal year may be filed by **February 15, 2017**, without a late penalty. **Claims filed more than one year after the filing date will not be accepted.**

Penalty

- **Initial Reimbursement Claims**

When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561, subdivision (d)(3).

- **Annual Reimbursement Claims**

When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed \$10,000, pursuant to GC section 17568.

Minimum Claim Cost

GC Section 17564, subdivision (a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**\$1,000**), provided that a county may submit a combined claim on behalf of direct service districts or special districts within their county if the combined claim exceeds **\$1,000**, even if the individual direct service district's or special district's claim does not each exceed **\$1,000**. The county shall determine if the submission of the combined claim is economically feasible and shall be responsible for disbursing the funds to each direct service district or special district. These combined claims may be filed only when the county is the fiscal agent for the districts. A combined claim must show the individual claim costs for each eligible district. All subsequent claims based upon the same mandate shall only be filed in the combined form unless a direct service district or special district provides a written notice of its intent to file a separate claim to the county and to the SCO, at least 180 days prior to the deadline for filing the claim.

Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. 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 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, notices of order of suspension or revocation, sworn reports, arrest reports, notices to appear, employee time records, or time logs, 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, (or declare), under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of the Code of Civil Procedure Section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

Audit of Costs

All claims submitted to the SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by the Commission. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim activity adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC Section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a claimant is subject to audit by the SCO no later than three years after the date that the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to the SCO on request.

Record Retention

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for the SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to the SCO on request.

Claim Submission

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html**.

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSDAR@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Corrected: June 16, 2009
Adopted: May 29, 2009

PARAMETERS AND GUIDELINES

Government Code Sections 3502.5 and 3508.5

Statutes 2000, Chapter 901 (SB 739)

California Code of Regulations, Title 8, Sections 32132, 32135, 32140, 32149, 32150, 32160, 32168, 32170, 32175, 32176, 32180, 32190, 32205, 32206, 32207, 32209, 32210, 32212, 32310, 32315, 32375, 32455, 32620, 32644, 32649, 32680, 32980, 60010, 60030, 60050, 60070

Register 2001, Number 49

Local Government Employee Relations
01-TC-30

I. SUMMARY OF THE MANDATE

The test claim statute amended the Meyers-Millias-Brown Act (hereinafter the “MMBA”) regarding employer-employee relations between local public agencies and their employees. The test claim statute and its attendant regulations created an additional method for creating an agency shop arrangement, and expanded the jurisdiction of the Public Employment Relations Board (hereinafter “PERB”) to include resolving disputes and enforcing the statutory duties and rights of those public employers and employees subject to the MMBA.

On December 4, 2006, the Commission on State Mandates found that the test claim statute and regulations impose a partially reimbursable state-mandated program on local agencies for the following activities:

1. Deduct from an employees’ wages the payment of dues or service fees required pursuant to an agency shop arrangement that was established under subdivision (b) of Government Code section 3502.5, and transmit such fees to the employee organization. (Gov. Code § 3508.5, subd. (b)).
2. Receive from the employee any proof of in lieu fee payments made to charitable organizations required pursuant to an agency shop arrangement that was established under subdivision (b) of Government Code section 3502.5. (Gov. Code, § 3502.5, subd. (c)).
3. Follow PERB procedures in responding to charges and appeals filed with PERB, by an entity other than the local public agency employer, concerning an unfair labor practice, a unit determination, representation by an employee organization, recognition of an employee organization, or election. Mandated activities are:
 - a. procedures for filing documents or extensions for filing documents with PERB (Cal.Code Reg., tit. 8, §§ 32132, 32135 (Register 2001, No. 49));
 - b. proof of service (Cal. Code Regs., tit. 8, § 32140 (Register 2001, No. 49));

- c. responding to subpoenas and investigative subpoenas (Cal. Code Regs., tit. 8, §§ 32149, 32150 (Register 2001, No. 49));
- d. conducting depositions (Cal. Code Regs., tit. 8, § 32160 (Register 2001, No. 49));
- e. participate in hearings and responding as required by PERB agent, PERB Administrative Law Judge, or the five-member PERB (Cal. Code Regs., tit. 8, §§ 32168, 32170, 32175, 32176, 32180, 32205, 32206, 32207, 32209, 32210, 32212, 32310, 32315, 32375, 32455, 32620, 32644, 32649, 32680, 32980, 60010, 60030, 60050 and 60070 (Register 2001, No. 49)); and
- f. filing and responding to written motions in the course of the hearing. (Cal. Code Regs. tit. 8, § 32190. (Register 2001, No. 49.)

II. ELIGIBLE CLAIMANTS

Any county, city, or city and county, special district or other local agency subject to the jurisdiction of PERB that incurs increased costs as a result of this reimbursable state-mandated program is eligible to claim reimbursement of those costs. However, the City of Los Angeles and the County of Los Angeles are not eligible claimants because they are specifically excluded from PERB jurisdiction pursuant to Government Code section 3507.

III. PERIOD OF REIMBURSEMENT

Government Code section 17557 states that a test claim shall be submitted on or before June 30 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. The test claim for this mandate was filed by the test claimants, the County of Sacramento and the City of Sacramento, on August 1, 2002. Therefore, the period of reimbursement begins on July 1, 2001.

Actual costs for one fiscal year shall be included in each claim. Pursuant to Government Code section 17561, subdivision (d)(1)(A), all claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller within 120 days of the issuance date for the claiming instructions.

If the total costs for a given year do not exceed \$1,000, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any given 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, time sheets, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, calendars, and declarations. Declarations must include a certification or declaration stating, "I

certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct,” and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise reported 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.

Claimants may use time studies to support salary and benefit costs when an activity is task-repetitive. Time study usage is subject to the review and audit conducted by the State Controller’s Office.

For each eligible claimant, the following activities are eligible for reimbursement:

A. One Time Activities

1. Establish procedures and documentation for deduction from employees’ wages the payment of dues, or service fees, including transmittal of such payments, and handling proof of in lieu fee payments made to charitable organizations as required by the agency shop agreement pursuant to Government Code sections 3502.5, subdivisions (b) and (c).
2. Develop and provide training for employees charged with responsibility for responding to PERB administrative actions, including attorneys, supervisory and management personnel. (One time per employee).
3. Establish procedures and systems for handling PERB matters, including calendaring, docketing and file management systems.

B. On-Going Activities

1. Deduct from employees’ wages the payment of dues or service fees required pursuant to an agency shop arrangement that was established under subdivision (b) of Government Code section 3502.5, and transmit such fees to the employee organization. (Gov. Code, §, 3508.5, subd. (b).)
2. On a monthly basis, receive from the employee proof of in lieu fee payments made to charitable organizations pursuant to an agency shop arrangement that was established by signed petition and election in Government Code section 3502.5, subdivision (b). (Gov. Code, § 3502.5, subd. (c).)
3. When a person or entity other than the public entity files with the PERB an unfair practice charge, unit determination, representation by an employee organization, , recognition of an employee organization, or an election request, or the public agency employer is ordered by PERB to join in a matter, the following activities are reimbursable:
 - a. filing documents or requests for extension of time to file documents with PERB (Cal. Code Regs., tit.8, §§ 32132, 32135);
 - b. proof of service, including mailing and service costs (Cal. Code Regs., tit. 8, § 32140);

- c. preparation for and participation in informal conferences as required by any PERB Board agents and PERB Administrative Law Judges to clarify issues and explore the possibility of a voluntary settlement including, but not limited to, preparation of briefs, documentation and evidence, exhibits, witnesses and expert witnesses (Cal. Code Regs., tit.8, §§ 32170, subd. (e) and 32650);
- d. responding to subpoenas and investigative subpoenas, including the time spent obtaining the information or documentation requested in the subpoena, and copying and service charges (Cal. Code Regs., tit. 8, §§ 32149, 32150);
- e. the conduct of depositions, including service of subpoenas, deposition reporter and transcription fees, expert witness fees, preparation for the deposition and the time of any governmental employee or attorney incurred in the conduct of the deposition (Cal. Code Regs., tit. 8, § 32160);
- f. preparation for and participation in any hearing as required by any PERB Board agent, PERB Administrative Law Judge, the five-member PERB, or the General Counsel, including preparation of answer to complaint or answer to amendment, witnesses, evidence, exhibits, expert witnesses, statements^{1,2}, stipulated facts³ and informational briefs, oral argument, response to exceptions, response to administrative appeal or compliance matter.

Effective July 1, 2001 through May 10, 2006: California Code of Regulations, title 8, §§ 32168, 32170, 32175, 32176, 32180, 32205, 32206, 32207, 32210, 32212, 32310, 32315, 32375, 32455, 32620, 32644, 32649, 32680, 32980, 60010, 60030, 60050, and 60070. (Register 2001, No. 49.)

Effective May 11, 2006: California Code of Regulations, title 8, §§ 32168, 32170, 32175, 32176, 32180, 32205, 32206, 32207, 32210, 32212, 32310, 32315, 32375, 32455, 32620, 32644, 32649, 32680, 32980. (Register 2001, No. 49.)

Effective May 11, 2006, responses to petitions for board review pursuant to former sections 60010, 60030, 60050, and 60070 of the California Code of Regulations, title 8, are not reimbursable. (Register 2006, No. 15.)

- g. The preparation, research, and filing of motions, including correction of transcript and responding to written motions in the course of a hearing and immediately after. (Cal. Code Regs., tit. 8, § 32190, 32209.)

¹ Section 32206.

² Section 32455 – preparation of written position statements or other documents filed with the General Counsel.

³ Section 32207.

C. Non-Reimbursable Activities

1. The following activities initiated by the local public agency are *not* state-mandated activities:
 - a. file an unfair practice charge (Cal. Code of Regs., tit. 8, §§ 32602, 32604, 32615, 32621, 32625, 32650);
 - b. appeal of a ruling on a motion (Cal. Code of Regs., tit. 8, § 32200);
 - c. amend complaint (Cal. Code of Regs., tit. 8, §§ 32625, 32648);
 - d. appeal of an administrative decision, including request for stay of activity and appeal of dismissal (Cal. Code of Regs., tit. 8, §§ 32350, 32360, 32370, 32635, and 60035);
 - e. statement of exceptions to Board agent decision (Cal. Code of Regs., tit. 8, § 32300);
 - f. request for reconsideration (Cal. Code of Regs., tit. 8, § 32410); and,
 - g. request for injunctive relief (Cal. Code of Regs., tit. 8, § 32450).
2. Sections 3501, 3507.1 and 3509 of the Government Code do not apply to persons who are peace officers as defined in section 830.1 of the Penal Code. Therefore, increased costs related to peace officers are ineligible for reimbursement under this program. (Gov. Code, § 3511.)
3. Effective May 11, 2006, activities based on former sections 60010, 60030, 60050, and 60070 of California Code of Regulations, title 8, are not reimbursable.

V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for the reimbursable activities identified in section IV of this document. Each 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 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. 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 services that were performed during the period covered by the reimbursement claim. If the contract services were also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and invoices with the claim and a description of the contract scope of 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 (1) the 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.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the 2 CFR Part 225 (Office of Management and Budget (OMB) Circular A-87). Claimants have the option of using 10% of 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 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B)) and the indirect shall exclude capital expenditures and unallowable costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular 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 distributions 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 2 CRF Part 225, Appendix A and B (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 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B)) shall be accomplished by (1) separate 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.

VI. RECORDS 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 chapter⁴ is subject to the initiation of an audit by the State 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 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 REVENUES AND REIMBURSEMENTS

Any offsets 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 received from any federal, state or non-local source 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 test claim decision and the parameters and guidelines adopted by the Commission.

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

Pursuant to Government Code section 17561, subdivision (d)(1)(A), 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 the 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 17571. 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 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.

X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The Statement of Decision is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record, including the Statement of Decision, is on file with the Commission.

LOCAL GOVERNMENT EMPLOYEE RELATIONS CLAIM FOR PAYMENT		For State Controller Use Only	PROGRAM
		(19) Program Number 00298 (20) Date Filed (21) LRS Input	298
(01) Claimant Identification Number		Reimbursement Claim Data	
(02) Claimant Name		(22) FORM 1, (04) A. 1.(g)	
County of Location		(23) FORM 1, (04) A. 2.(g)	
Street Address or P.O. Box Suite		(24) FORM 1, (04) A. 3.(g)	
City State Zip Code		(25) FORM 1, (04) B. 1.(g)	
	Type of Claim		(26) FORM 1, (04) B. 2.(g)
	(03)	(09) Reimbursement <input type="checkbox"/>	(27) FORM 1, (04) B. 3.(g)
	(04)	(10) Combined <input type="checkbox"/>	(28) FORM 1, (06)
	(05)	(11) Amended <input type="checkbox"/>	(29) FORM 1, (07)
Fiscal Year of Cost	(06)	(12)	(30) FORM 1, (09)
Total Claimed Amount	(07)	(13)	(31) FORM 1, (10)
Less: 10% Late Penalty (refer to attached Instructions)		(14)	(32)
Less: Prior Claim Payment Received		(15)	(33)
Net Claimed Amount		(16)	(34)
Due from State	(08)	(17)	(35)
Due to State		(18)	(36)
(37) CERTIFICATION OF CLAIM			
<p>In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.</p> <p>I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>			
Signature of Authorized Officer		Date Signed	_____
_____		Telephone Number	_____
_____		Email Address	_____
Type or Print Name and Title of Authorized Signatory			
(38) Name of Agency Contact Person for Claim		Telephone Number	_____
_____		Email Address	_____
Name of Consulting Firm / Claim Preparer		Telephone Number	_____
_____		Email Address	_____

PROGRAM 298	LOCAL GOVERNMENT EMPLOYEE RELATIONS CLAIM FOR PAYMENT INSTRUCTIONS	FORM FAM-27
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- (01) Enter the claimant identification number assigned by the State Controller's Office.
- (02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.
- (03) to (08) Leave blank.
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed.
- (13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed \$1,000; minimum claim must be \$1,001.
- (14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:
- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
 - Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed \$10,000.
- (15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.
- (16) Enter the net claimed amount by subtracting the sum of lines (14) and (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 on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., Form 1, (04) A. 1. (g), means the information is located on Form 1, block (04), line A. 1., column (g). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process.**
- (37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification. (Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**
- (38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:

Address, if delivered by U.S. Postal Service:

Office of the State Controller
 Attn: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250

Address, if delivered by other delivery service:

Office of the State Controller
 Attn: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 700
 Sacramento, CA 95816

PROGRAM 298	LOCAL GOVERNMENT EMPLOYEE RELATIONS CLAIM SUMMARY	FORM 1					
(01) Claimant		(02) Fiscal Year 20__ / 20__					
(03) Department							
Direct Costs	Object Accounts						
(04) Reimbursable Activities	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Travel	(g) Total
A. One-Time Activities							
1. Establish Procedures and Documentation							
2. Training for Employees							
3. Establish Procedures and Systems							
B. Ongoing Activities							
1. Deduction from Employees' Wages							
2. Receipt of Proof of In Lieu Payments							
3. Reimbursable Activities for PERB Matters							
(05) Total Direct Costs							
Indirect Costs							
(06) Indirect Cost Rate	[From ICRP or 10%]						%
(07) Total Indirect Costs	[Refer to Claim Summary Instructions]						
(08) Total Direct and Indirect Costs	[Line (05)(g) + line (07)]						
Cost Reduction							
(09) Less: Offsetting Revenues							
(10) Less: Other Reimbursements							
(11) Total Claimed Amount	[Line (08) - {line (09) + line (10)}]						

PROGRAM 298	LOCAL GOVERNMENT EMPLOYEE RELATIONS CLAIM SUMMARY INSTRUCTIONS	FORM 1
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of costs.
- (03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 must be completed for each department.
- (04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (i), to Form 1, block (04), columns (a) through (f), in the appropriate row. Total each row.
- (05) Total columns (a) through (g).
- (06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.
- (07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.
- (08) Enter the sum of Total Direct Costs, line (05)(g), and Total Indirect Costs, line (07).
- (09) If applicable, enter any revenue received by the claimant for this mandate from any state or federal source.
- (10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

PROGRAM 298	LOCAL GOVERNMENT EMPLOYEE RELATIONS ACTIVITY COST DETAIL	FORM 2
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(01) Claimant	(02) Fiscal Year 20__ / 20__
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. One-Time Activities <input type="checkbox"/> 1. Establish Procedures and Documentation <input type="checkbox"/> 2. Training for Employees <input type="checkbox"/> 3. Establish Procedures and Systems	B. Ongoing Activities <input type="checkbox"/> 1. Deduction from Employees' Wages <input type="checkbox"/> 2. Receipt of Proof of In Lieu Payments <input type="checkbox"/> 3. Reimbursable Activities for PERB Matters
---	---

(04) Description of Expenses			Object Accounts					
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel

(05) Total <input type="checkbox"/>	Subtotal <input type="checkbox"/>	Page: ___ of ___
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PROGRAM 298	LOCAL GOVERNMENT EMPLOYEE RELATIONS ACTIVITY COST DETAIL INSTRUCTIONS	FORM 2
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred.
- (03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.
- (04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for the State Controller's Office (SCO) to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to the SCO on request.

Object Accounts	Columns									Submit supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Salaries	Employee Name and Title	Hourly Rate	Hours Worked	Salaries = Hourly Rate X Hours Worked						
Benefits	Activities Performed	Benefit Rate			Benefits = Benefit Rate X Salaries					
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity Used			Cost = Unit Cost X Quantity Used				
Contract Services	Name of Contractor and Specific Tasks Performed	Hourly Rate	Hours Worked and Inclusive Dates of Service				Cost = Hourly Rate X Hours Worked			Copy of Contract and Invoices
Fixed Assets	Description of Equipment Purchased	Unit Cost X Quantity	Usage					Cost = Total Cost X Usage		Copy of Contract and Invoices
Travel	Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date	Per Diem Rate, Mileage Rate, and Travel Cost	Days, Miles, and Travel Mode						Total Travel Cost = Rate X Days or Miles	

- (05) Total line (04), columns (d) through (i), and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to Form 1, block (04), columns (a) through (f) in the appropriate row.

EXHIBIT 3

Buffy Bullis

In a message dated 9/30/2014 11:46:01 A.M. Pacific Daylight Time, ASaida@sco.ca.gov writes:

Hi Buffy,

We are bound by the legal authority of the parameters and guidelines and cannot accept costs that are outside of reimbursable fiscal years. As per the P's and G's, "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."

The city did not file a claim for fiscal year 2009-10 and the deadline to file a late claim for 2009-10 or 2011-12 has already passed. I reviewed the 2011-12 claim filed by the city and discovered that some of the costs incurred during 2011-12 have been correctly included with the 2011-12 claim but were also claimed in 2010-11. Please note, the actual costs incurred during fiscal year 2010-11 will be allowed and processed for payment upon availability of appropriation.

Thank you for your understanding.

Afsana A. Saida

Local Reimbursements Section
Division of Accounting and Reporting
State Controller's Office
Direct: (916) 324-7870
Fax: (916) 323-6527
State Mandated Programs

From: Buffy Bullis [<mailto:bbullis@ci.monrovia.ca.us>]

Sent: Monday, September 29, 2014 5:09 PM

To: Saida, Afsana A.

Cc: ACHinnCRS@aol.com; Carlos, Gwendolyn; Lal, Jay

Subject: RE: State Mandated Cost Program-Non Reimbursable Costs

Hi Afsana,

Thank you for your email. In reviewing the documentation submitted, I believe that the costs claimed are reimbursable under the parameters of the mandate and were submitted on time; however, I see that some costs were not filed on the correct paperwork. We respectfully request that you do not disallow our eligible FY 09-10 costs of \$50,459, but pay them from the correct fiscal year. It was a simple accounting/clerical error on the City's part. I understand that late claim penalties would apply to some of the FY 09-10 costs included in the wrong fiscal year claim.

Wednesday, October 01, 2014 AOL: AChinnCRS

Please accept my apologies for the inconvenience and I thank you for your assistance. Please feel free to contact me if you have any questions or if you need additional information.

Buffy J. Bullis
 Finance Division Manager
 City of Monrovia
 Phone: (626) 932-5513; Fax: (626) 932-5567; Email: bbullis@ci.monrovia.ca.us

From: ASaida@sco.ca.gov [mailto:ASaida@sco.ca.gov]
Sent: Monday, September 29, 2014 1:22 PM
To: Buffy Bullis
Cc: ACHinnCRS@aol.com; GCarlos@sco.ca.gov; jilal@sco.ca.gov
Subject: State Mandated Cost Program-Non Reimbursable Costs

Re: Local Government Employee Relations, Program No. 298, Fiscal Year 2010-11 Claim

Dear Ms. Bullis,

Please be informed that the City of Monrovia submitted a claim for fiscal year 2010-11 for the Local Government Employee Relations program. The city claimed \$229, 627 for contract services. During our desk review it was discovered that the city included \$82,272 of contract costs from fiscal years 2009-10 and 2011-12 with the claim. The city can only claim for costs incurred during 2010-11. The table below lists the costs claimed by fiscal year:

Fiscal Year	Cost Incurred	Note
2009-10	\$50,459	Non- Reimbursable
2010-11	\$147,355.29	
2011-12	\$31,812.65	Non-Reimbursable

The claim will be adjusted to exclude the non-reimbursable contract costs. Please let me know if you have any questions.

Thank you,
Afsana A. Saida
 Local Reimbursements Section
 Division of Accounting and Reporting
 State Controller's Office
 Direct: (916) 324-7870
 Fax: (916) 323-6527
State Mandated Programs



September 8, 2016

Mr. Jay Lal
Manager, Division of Accounting and Reporting
State Controller's Office
P.O. Box 942850
Sacramento, CA 94250-5874

Dear Mr. Lal,

In September of 2014, your staff notified the City of Monrovia that the FY 2010-11 Local Government Employee Relations claim (Program 298) would be reduced by \$50,459 due to errors in filing the claim. Specifically, the City had accidentally filed a claim for FY 2009-10, FY 2010-11, and FY 2011-12 in one submission (under the FY 2010-11 period), rather than filing separate claims for each fiscal year. The FY 2011-12 claim was resolved, since the City was able to resubmit the claim in the subsequent year with no penalty; however, your office denied all costs submitted for the FY 2009-10 period in the amount of \$50,459.

At the time the claim was filed, the costs for FY 2009-10 were still eligible for filing and the City properly filed the claim on time. Had we known of the clerical error sooner, we would have immediately corrected the paperwork by submitting a separate late claim for FY 2009-10 in the amount of \$50,459 and attached a proper coversheet (FAM-27), understanding that a 10% late penalty would have been applied to the FY 2009-10 costs.

As soon as we were notified of the reductions, we promptly contacted your office and explained that the reduction was simply due to a clerical error. We also reassured your office that all costs included in the claim were actual eligible costs that were properly documented and submitted by the deadline. Your office responded that the cut would not be restored because the deadline to file FY 2009-10 claims had passed and that "Actual costs must be traceable and be supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities," as noted in the attached email correspondence. However, we believe that these requirements were, in fact, satisfied and that the City filed the claim in good faith.

We kindly ask that you not preclude the City from reimbursement due to a minor clerical error. Aside from the minor error of combining multiple years into one claim, the costs were properly submitted by the due date, were actual, traceable, and supported by source documents that were included in the claim. Additionally, we believe that the recent decision by the Commission on State Mandates regarding the Incorrect Reduction Claim (IRC) filed by the City of Los

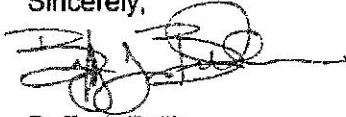
Angeles for their "FY 2003-04 Firefighter Cancer Presumption" claim is similar to our situation in that the claimant, the City, made a clerical error when transferring costs from a summary page to the total (FAM-27) page. The Commission ruled in favor of the City and said the Controller's decision to deny \$516,132 in disability benefit costs as "unclaimed" was incorrect as a matter of law and was lacking in evidentiary support because the details had all been submitted in the original claim, though not correctly transferred to the FAM-27. Reference: <http://csm.ca.gov/closedfiles/09-4081-I-01/doc12.pdf>.

Before we bring this matter before the Commission and file an Incorrect Reduction Claim (IRC), we wished to contact your office, once again, to ask that you reconsider the reduction made to our claim and ask that your office allow us to correct a simple clerical error. We are willing to provide amended paperwork to correct the error. Please note that all costs submitted were prepared in accordance with the claiming instructions, Statement of Decision, and the Parameters and Guidelines adopted by the Commission.

We kindly request reconsideration of your prior decision regarding the FY 2009-10 reimbursement claim in the amount of \$50,459 and understand that a 10% late penalty of \$5,045.90 would be applied. Please allow the City to remedy the claim reduction and correct the FY 2009-10 claim, however possible. Attached you will find the claim documentation and correspondence to assist in your analysis.

Should you have any questions, please contact me at (626) 932-5513 or our consultant, Annette Chinn, at (916) 939-7901.

Sincerely,



Buffy J. Bullis

Finance Division Manager

City of Monrovia

Phone: (626) 932-5513 | Fax (626) 932-5567 | Email: bbullis@ci.monrovia.ca.us

c: Anne Kato, Chief Bureau of Payments
Annette Chinn, Cost Recovery Systems, Inc.



BETTY T. YEE
California State Controller
Division of Accounting and Reporting

October 20, 2016

Ms. Buffy J. Bullis, Finance Division Manager
City of Monrovia
415 S. Ivy Ave
Monrovia, CA 91016

Re: Local Government Employee Relations Claim for Fiscal Year 2010-11

Dear Ms. Bullis:

On September 20, 2016, I received your letter dated September 8, 2016, regarding your fiscal year 2010-11 Local Government Employee Relations mandate claim. As stated in my email dated September 22, 2016, I am sympathetic to the issue, but by law, I cannot apply costs to a prior fiscal year (2009-10) claim that was never submitted by the city. Additionally, it is past the filing period to file a fiscal year 2009-10 claim.

If you have any questions, please call me at (916) 324-0256.

Sincerely,

Jay Lal, Manager
Local Reimbursements Section

cc: Annette Chinn, Cost Recovery Systems, Inc.

EXHIBIT 4

State Mandate Reimbursement Claims Receipt

City of Monrovia

January 30, 2012

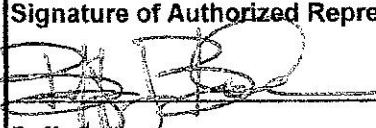
<u>Mandate/Program</u>	<u>Amount Claimed</u>
Mandate Reimbursement, Prog. 041 Actual 2010-11	\$ 3,142
Absentee Ballots, Prog 002 Actual 2010-11	\$ 20,199
Peace Officer Bill of Rights, Ch. Prog. 187 Actual 2010-11	\$ 2,249
Domestic Viol. Arrest Policy, Prog. 167 Actual 2010-11	\$ 13,376
Administrative License Suspension, Prog. 246 Actual 2010-11	\$ 6,327
Crime Statistics Reporting, Prog. 310 Actual 2010-11	\$ 29,487
Domestic Violence Victim Assistance, Prog. 274 Actual 2010-11	\$ 4,612
Local Recreation Background Screening, Prog. 285 Actual 2010-11	\$ 1,271
Local Government Employee Relations, Prog. 298 Actual 2010-11	\$ 229,627
Identity Theft, Prog. 321 Actual 2002-03	\$ 4,920
Actual 2003-04	\$ 5,833
Actual 2004-05	\$ 8,556
Actual 2005-06	\$ 8,826
Actual 2006-07	\$ 11,180
Actual 2007-08	\$ 15,818
Actual 2008-09	\$ 24,572
Actual 2009-10	\$ 18,647
Actual 20010-11	\$ 23,486
Open Meetings Act, Prog. 219 Actual 2010-11	\$ 32,966
JAN 27 2012	
Total Claimed	\$ 465,094

The following claims were submitted to and received by the State Controller's Office by Cost Recovery Systems on behalf of the City of Monrovia

Signed by: *Livsey Bailey*

JAN 27 2012

Date: _____

Claim for Payment Pursuant to Government Code Section 17561 LOCAL GOVERNMENT EMPLOYEE RELATIONS			For State Controller Use Only	
			(19) Program Number: 00298	Program 298
(01) Claimant Identification Number 9819542			(22) FORM-1, (04)(A)(1)(g)	
(02) Claimant Name City of Monrovia			(23) FORM-1, (04)(A)(2)(g)	
Mailing Address 415 S. Ivy Avenue			(24) FORM-1, (04)(A)(3)(g)	
Street Address or P.O. Box				
City Monrovia				
State CA Zip Code 91016				
Type of Claim	Estimated Claim		Reimbursement Claim	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(25) FORM-1, (04)(B)(1)(g)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(26) FORM-1, (04)(B)(2)(g)	
(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(27) FORM-1, (04)(B)(3)(g)	229,627	
Fiscal Year of Cost	(06)	(12) 2010-11	(28) FORM-1, (06)	10
Total Claimed	(07)	(13) \$229,627	(29) FORM-1, (07)	
Less: 10% Late Penalty, but not to exceed \$1,000 (if applicable)			(30) FORM-1, (09)	
Less: Estimated Claim Payment Received			(31) FORM-1, (10)	
Net Claimed Amount		(16) \$229,627	(32)	
Due from State	(08)	(17) \$229,627	(33)	
Due to State	(09)	(18)	(34)	
(38) CERTIFICATION OF CLAIM				
<p>In accordance with the provisions of Government Code 17561, I certify that I am the person authorized by the local agency to file claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application for nor any grant or payment 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. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documents currently maintained by the claimant.</p> <p>The amount for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>				
Signature of Authorized Representative			Date	
 Buffy Bullis			Date Signed 1/19/12	
Finance Division Manager			Telephone Number (626) 932-5513	
			Email Address BBullis@ci.monrovia.ca.us	
Name of Contact Person for Claim		Telephone Number	E-Mail Address	
Annette S. Chinn (CRS)		(916) 939-7901	AChinnCRS@aol.com	

**MANDATED COSTS
LOCAL GOVERNMENT EMPLOYEE RELATIONS
CLAIM SUMMARY**

**FORM
1**

(01) Claimant City of Monrovia	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2010-11 (see FAM-27 for estimate)
--	---	--

Claim Statistics

(03) Leave Blank

Direct Costs	Object Accounts						
(04) Reimbursable Components	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Travel	(g) Total
A. ONE-TIME ACTIVITIES							
1. Establish Procedures & Documentation							
2. Training for Employees							
3. Establish Procedures and Systems							
B. ONGOING ACTIVITIES							
1. Deduction from Employee Wages							
2. Receipt of Proof in Lieu Payments							
3. Reimbursable Activities for PERB Matters				\$229,627			\$229,627
(05) Total Direct Costs				\$229,627			\$229,627

Indirect Costs

(06) Indirect Cost Rate (applied to salaries)	(from ICRP) (Applied to Salaries) (plied to Salaries)	10.0%
(07) Total Indirect Costs	Line (06) x line (05)(a) or line(06) x [(line (05)(a) + line(05)(b)) i)(a) + line(05)(b)]	
(08) Total Direct and Indirect Costs	Line (05)(d) + line (07) (05)(d) + line (07)	\$229,627

Cost Reductions

(09) Less: Offsetting Savings, if applicable	
(10) Less: Other Reimbursements, if applicable	
(11) Total Claimed Amount	\$229,627

**MANDATED COSTS
LOCAL GOVERNMENT EMPLOYEE RELATIONS
CLAIM SUMMARY**

**FORM
2**

(01) Claimant: **City of Monrovia** (02) Fiscal Year Costs Were Incurred: **2010-11**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed

ONE-TIME ACTIVITIES

ON-GOING ACTIVITIES

- | | |
|---|--|
| <input type="checkbox"/> Establish Procedures & Document. | <input type="checkbox"/> Deductions from Employees' Wages |
| <input type="checkbox"/> Training for Employees | <input type="checkbox"/> Receipt of Proof in Lieu Payments |
| <input type="checkbox"/> Establish Procedures & Systems | <input checked="" type="checkbox"/> Reimbursable Activities for PERB Matters |

(04) Description of Expenses: Complete columns (a) through (f)

(a) Employee Names, Job Class., Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	Benefit Rate	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel	Total Salaries & Benefits
<u>Liebert Cassidy Whitmore (Contract Attorney)</u> Responded to several PERB matters.							\$229,627			
(05) Total							\$229,627			

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

RECEIVED
CITY OF MONROVIA
MAY 29 2009

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

May 31, 2009

Billed through 05/31/2009
Client Info: MO040 00051 PB
Invoice # 104477

PO# 900814
Acct# 53123420-4028line 1 ST
Acct# _____
Acct# _____
Approved Theresa St Peter *TS*

RE: LA-CE-536-M

TOTAL FEES \$519.00
TOTAL CHARGES FOR THIS BILL \$519.00

PAID
JUL 16 2009

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 357-0837
Tax ID: 95-3658973

PO# 1000077
Acct# Line 1 53123420-4028
Acct# _____
Acct# _____
Approved Theresa St. Peter June 30, 2009

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 06/30/2009
Client Info: MO040 00051 PB
Invoice # 105627

RE: LA-CE-536-M

TOTAL FEES	\$9,186.00
TOTAL DISBURSEMENTS	\$110.90
TOTAL CHARGES FOR THIS BILL	\$9,296.90

PAID
AUG 13 2009

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

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RECEIVED RECEIVED
ADMIN SERVICES
AUG 17 2009
AUG 26 2009

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

City of Monrovia
Human Resources Dept

July 31, 2009

Billed through 07/31/2009
Client Info: MO040 00051 PB
Invoice # 106608

PO# 1000077
Acct# 53123420-4028 June 12
Acct#
Acct#
Approved Theresa St. Peter jfk

RE: LA-CE-536-M (MFA PERB Change)

TOTAL FEES	\$123.00
TOTAL DISBURSEMENTS	\$4.20
TOTAL CHARGES FOR THIS BILL	\$127.20

PAID
AUG 27 2009

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

PAID
SEP 28 2009

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

August 31, 2009

Billed through 08/31/2009
Client Info: MO040 00051 PB
Invoice # 107340

PO# 1000077
Acct# 53123420 - 4028 4,308.95
Acct# _____
Acct# _____
Approved Theresa St. Peter [Signature]

RE: LA-CE-536-M

TOTAL FEES	\$4,233.00
TOTAL DISBURSEMENTS	\$75.95
TOTAL CHARGES FOR THIS BILL	\$4,308.95

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SEP 17 2009
ACCOUNTS PAYABLE

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

PO# 1000077
Acct# 53123420-4028 72.00

Acct# _____

Acct# _____

September 30, 2009

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Approved Theresa St Peter *[Signature]*

Billed through 09/30/2009
Client Info: MO040 00051 PB
Invoice # 108785

RE: LA-CE-536-M

TOTAL FEES		\$72.00
TOTAL CHARGES FOR THIS BILL		\$72.00

PAID
NOV 12 2009

LIEBERT CASSIDY WHITWORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd , Suite 500
Los Angeles, CA 90045
Tel (310) 981-2000 Fax (310) 337-0837
Tax ID 95-3658973

PO# 1000077
Acct# 53123420 - 4028 438.00
Acct# _____
Acct# _____
Approved Theresa St Peter

AS 12/8/09
October 31, 2009

City of Monrovia
Theresa St Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 10/31/2009
Client Info MO040 00051 PB
Invoice # 110362

RECEIVED
NOV 25 2009
City of Monrovia
Human Resources Dept

RE: LA-CE-536-M

TOTAL FEES \$438.00
TOTAL CHARGES FOR THIS BILL \$438.00

RECEIVED
ADMIN SERVICES
DEC 02 2009

PAID
DEC 10 2009

LIEBERT CASSIDY WHITMORE

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Los Angeles CA 90045
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Tax ID 95-3658973

City of Monrovia
Theresa St Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

November 30, 2009

Billed through 11/30/2009
Client Info MO040 00051 PB
Invoice # 111332

PO# 1000077
Acct# 53123420-4028 12,824.00
Acct#
Acct#
Approved: [Signature] 12/29/09

RE: LA-CE-536-M

TOTAL FEES	\$12,673 00
TOTAL DISBURSEMENTS	\$151 00
TOTAL CHARGES FOR THIS BILL	\$12,824.00

PAID
DEC 30 2009

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd , Suite 500
Los Angeles, CA 90045
Tel (310) 981-2000 Fax (310) 337-0837
Tax ID 95-3658973

City of Monrovia
Theresa St Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 12/31/2009
Client Info MO040 00051 PB
Invoice # 112387

RE: LA-CE-536-M

TOTAL FEES	\$768 00
TOTAL DISBURSEMENTS	\$80 10
TOTAL CHARGES FOR THIS BILL	\$848.10

PAID
FEB 11 2010
CITY OF MONROVIA December 31, 2009

PO# 1000077
WAL Acc# 153183420-14028 818 10
Acc# _____
Acc# _____
Approved Theresa St Peter 2/9/10

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ADMIN SERVICES

FEB 02 2010

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

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Tax ID 95-3658973

RECEIVED

MAR 01 2010

City of Monrovia
Human Resources Dept

City of Monrovia
Theresa St Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

January 31, 2010

Billed through 01/31/2010
Client Info MO040 00051 PB
Invoice # 113431

PO# 1000077
Acct# 5303420 4028 2010 00
Acct#
Acct#
Approval Theresa St Peter



RE: LA-CE-536-M

TOTAL FEES \$2,016.00
TOTAL CHARGES FOR THIS BILL \$2,016.00

PAID
MAR 11 2010
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd , Suite 500
Los Angeles, CA 90045
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Tax ID 95-3658973

City of Monrovia
Theresa St Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 02/28/2010
Client Info MO040 00051 PB
Invoice # 114428

RE: LA-CE-536-M

TOTAL FEES \$2,568 00
TOTAL CHARGES FOR THIS BILL \$2,568.00

February 28, 2010

PAID

APR 15 2010

CITY OF MONROVIA

PO# 1200077
W#1 Acct# 53123420 - 4028 2,5708
Acct# _____
Acct# _____
Approved Theresa St Peter *[Signature]*

RECEIVED
ADMIN SERVICES
APR 01 2010

LIEBERT CASSIDY WHITMORE

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Tax ID 95-3658973

City of Monrovia
Theresa St Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

February 28, 2010

PAID
APR 15 2010
CITY OF MONROVIA

Billed through 02/28/2010
Client Info MO040 00057 PB
Invoice # 114429

PO# 1000077
Wnet Acct# 53123420 - 40284,574.75
Acct# _____
Acct# _____
Approved Theresa St Peter *[Signature]*

RE: LA-CE-591-M

TOTAL FEES	\$4,512 00
TOTAL DISBURSEMENTS	\$62 75
TOTAL CHARGES FOR THIS BILL	\$4,574.75

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ADMIN SERVICES
APR 01 2010

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

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Tax ID 95-3658973

City of Monrovia
Theresa St Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

PAID
February 28, 2010
APR 15 2010
CITY OF MONROVIA

Billed through 02/28/2010
Client Info MO040 00056 PB
Invoice # 114430

PO# 1000077
Unit Acct# 53123420-4028 1,311.00
Acct# _____
Acct# _____
Approved Theresa St Peter [Signature]

RE: LA-CE-593-M

TOTAL FEES \$1,311.00
TOTAL CHARGES FOR THIS BILL \$1,311.00

RECEIVED
ADMIN SERVICES
APR 01 2010

LIEBERT CASSIDY WHITMORE

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Tax ID 95-3658973

City of Monrovia
Theresa St Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

PO# 1000077

Acct# 53123420 - 4028 1159.70

Acct#

March 31, 2010

Acct#

Approved

Theresa St Peter
RJD

Billed through 03/31/2010
Client Info MO040 00051 PB
Invoice # 115383

RE: LA-CE-536-M

TOTAL FEES	\$1,080 00
TOTAL DISBURSEMENTS	\$79 70
TOTAL CHARGES FOR THIS BILL	\$1,159.70

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ADMIN SERVICES
APR 22 2010

PAID
APR 29 2010
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

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Los Angeles, CA 90045
Tel (310) 981-2000 Fax (310) 337-0837
Tax ID 95-3658973

City of Monrovia
Theresa St Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

March 31, 2010

Billed through 03/31/2010
Client Info MO040 00057 PB
Invoice # 115384

PO# 1000077
Acct# 53123420 - 4028 833 90
Acct# _____
Acct# _____
Approved Theresa St Peter *[Signature]*

RE: LA-CE-591-M

TOTAL FEES	\$816 00
TOTAL DISBURSEMENTS	\$17 90
TOTAL CHARGES FOR THIS BILL	\$833.90

RECEIVED
ADMIN SERVICES
APR 22 2010

PAID
APR 23 2010
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

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Los Angeles, CA 90045
Tel (310) 981-2000 Fax (310) 337-0837
Tax ID 95-3658973

City of Monrovia
Theresa St Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

March 31, 2010

Billed through 03/31/2010
Client Info MO040 00056 PB
Invoice # 115385

PO# 1000077
Acct# 53123420-4028 37701
Acct#
Acct#
Appro: Theresa St Peter Pfd

RE: LA-CE-593-M

TOTAL FEES	\$3,756 00
TOTAL DISBURSEMENTS	\$14 60
TOTAL CHARGES FOR THIS BILL	\$3,770.60

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ADMIN SERVICES**

APR 29 2010

**PAID
APR 29 2010
CITY OF MONROVIA**

LIBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION
2035 West Century Blvd. Suite 500
Los Angeles, CA 90045
Tel: (310) 891-2825 Fax: (310) 327-0837
Tax ID: 92-3628973

May 31, 2010

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through: 05/31/2010
Client Info: M0040 00058 PB
Invoice #: 117960

PO# 1000077
Acct# 53123420-4028 1500.00
Acct# _____
Acct# _____
Approved: Theresa St. Peter 7/15/10

RE: UPC LACE610M

TOTAL FEES	\$1,500.00
TOTAL CHARGES FOR THIS BILL	\$1,500.00

PAID
JUL 15 2010
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

June 30, 2010

Billed through 06/30/2010
Client Info: MO040 00051 PB
Invoice # 119273

RE: LA-CE-536-M

TOTAL FEES	\$1,878.00
TOTAL DISBURSEMENTS	\$177.90
TOTAL CHARGES FOR THIS BILL	\$2,055.90

PAID
AUG 12 2010
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

June 30, 2010

Billed through 06/30/2010
Client Info: MO040 00058 PB
Invoice # 119279

Handwritten: 53/23420-4628 2235.00

RE: UPC LACE610M

TOTAL FEES	\$2,235.00
TOTAL CHARGES FOR THIS BILL	\$2,235.00

PAID
AUG 12 2010
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6130 West Century Blvd., Suite 507
Los Angeles, CA 90045
Tel: (310) 991-2000 Fax: (310) 357-0527
Tax ID: 95-9229973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

July 31, 2010

Billed through 07/31/2010
Client info: MO010 00058 PE
Invoice # 120291

1160073
53023400 7/28

Theresa St. Peter

RS
7/1/10

RE: UPC LACE610M

TOTAL FEES	\$1,914.00
TOTAL DISBURSEMENTS	\$119.10
TOTAL CHARGES FOR THIS BILL	\$2,063.10

PAID
SEP 02 2010
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

September 30, 2010

Billed through 09/30/2010
Client Info: MO040 00051 PB
Invoice # 122650

PO# 1100073
WA P/B
Acct# 531231/20 - 42109 339.00
Acct# _____
Acct# _____
Approved Theresa St. Peter

RE: LA-CE-536-M

TOTAL FEES \$339.00
TOTAL CHARGES FOR THIS BILL \$339.00

RH

OCT 28 2010

PAID
NOV 10 2010
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

PAID

DEC 16 2010

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

CITY OF MONROVIA

October 31, 2010

Billed through 10/31/2010
Client Info: MO040 00051 PB
Invoice # 123768

1100073
WHE3 53123420 - 4209 4,751.14
Theresa St Peter
JP

RE: LA-CE-536-M

TOTAL FEES	\$4,693.00
TOTAL DISBURSEMENTS	\$58.14
TOTAL CHARGES FOR THIS BILL	\$4,751.14

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

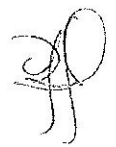
6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

October 31, 2010

Billed through 10/31/2010
Client Info: MO040 00056 PB
Invoice # 123772

*Line 3 1100073
53p340-4209 771.00
Theresa St Peter*



RE: LA-CE-593-IM

TOTAL FEES	\$771.00
TOTAL CHARGES FOR THIS BILL	\$771.00

PAID
DEC 16 2010
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

October 31, 2010

Billed through 10/31/2010
Client Info: MO040 00057 PB
Invoice # 123773

Handwritten notes:
1100073
line 3
53123420 - 4669 315.00
Theresa St. Peter

RE: LA-CE-591-M

TOTAL FEES \$315.00
TOTAL CHARGES FOR THIS BILL \$315.00

PAID
DEC 16 2010
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

November 30, 2010

Billed through 11/30/2010
Client Info: MO040 00051 PB
Invoice # 125055

Handwritten:
1100073
3 53123420 - 4269 4303
Theresa St. Peter
[Signature]

RE: LA-CE-536-M

TOTAL FEES	\$4,293.00
TOTAL DISBURSEMENTS	\$10.00
TOTAL CHARGES FOR THIS BILL	\$4,303.00

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ADMIN SERVICES
DEC 2 2010**

**PAID
DEC 30 2010
CITY OF MONROVIA**

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

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Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

November 30, 2010

Billed through 11/30/2010
Client Info: MO040 00056 PB
Invoice # 125059

1100073
353123420-4249 580.45
Theresa St Peter *pf*

RE: LA-CE-593-M

TOTAL FEES	\$576.00
TOTAL DISBURSEMENTS	\$4.45
TOTAL CHARGES FOR THIS BILL	\$580.45

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ADMIN SERVICES
DEC 22 2010

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DEC 30 2010
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

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Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

November 30, 2010

Billed through 11/30/2010
Client Info: MO040 00057 PB
Invoice # 125060

1100073
53123400 - 42129
Theresa St Peter

RE: LA-CE-591-M

TOTAL FEES \$54.00
TOTAL CHARGES FOR THIS BILL \$54.00

PAID
JAN 13 2011
CITY OF MONROVIA

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ADMIN SERVICES
DEC 28 2010

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

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Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

December 31, 2010

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 12/31/2010
Client Info: MO040 00051 PB
Invoice # 126117

Handwritten notes:
11000 73
5812-420-4209 0570.00
Theresa St. Peter
[Signature]

RE: LA-CE-536-M

TOTAL FEES	\$8,569.00
TOTAL DISBURSEMENTS	\$21.00
TOTAL CHARGES FOR THIS BILL	\$8,590.00

Faint handwritten notes at the bottom of the page.

LIBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

December 31, 2010

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 12/31/2010
Client Info: MO040 00056 PB
Invoice # 126120

*W.D. 11000 73
3812-3420-4764 3000.85
Theresa St. Peter 12/9/11*

RE: LA-CE-893-M

TOTAL FEES	\$2,977.00
TOTAL DISBURSEMENTS	\$29.85
TOTAL CHARGES FOR THIS BILL	\$3,006.85

[Faint circular stamp]

[Faint rectangular stamp]

LIBBERTY CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

8030 West Century Blvd. Suite 500
Los Angeles, CA 90045
Tel: (310) 884-2000 Fax: (310) 337-0837
tax ID: 95-8658973

December 31, 2010

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 12/31/2010
Client Info: MO040 00057 PB
Invoice # 126121

RE: LA-CE-591-M

TOTAL FEES
TOTAL CHARGES FOR THIS BILL

\$3,695.00
\$3,695.00

Handwritten notes:
11,000.13
53,220.00
426.69
3,695.00
Theresa St. Peter
12/2/10

Faint handwritten notes at the bottom of the page.

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

December 31, 2010

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 12/31/2010
Client Info: MO040 00058 PB
Invoice # 126122

PO# 1100073
Line 3
Acct# 5318.3420 - 4269 280.00
Acct#
Acct#
Approved: Theresa St. Peter 1/22/11

RE: UPC LACE610M

TOTAL FEES \$280.00
TOTAL CHARGES FOR THIS BILL \$280.00

RECEIVED
ADMIN SERVICES
FEB 10 2011

RECEIVED
ADMIN SERVICES
JAN 27 2011

PAID
FEB 24 2011
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 01/31/2011
Client Info: MO040 00051 PB
Invoice # 127262

PO# 1100073
Line 3 53123420 . 4269 13,421.
Acct#
Acct#
Approved Theresa St Peter

January 31, 2011

[Signature]
3/7/11

RE: LA-CE-536-M

TOTAL FEES	\$13,416.00
TOTAL DISBURSEMENTS	\$5.00
TOTAL CHARGES FOR THIS BILL	\$13,421.00

RECEIVED
ADMIN SERVICES

MAR 01 2011

PAID

MAR 10 2011

CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

January 31, 2011

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 01/31/2011
Client Info: MO040 00056 PB
Invoice # 127265

PO# 1100073
Acct# 11003
Acct# 53/23/20 - 4269 480.00
Acct#
Approved Theresa St Peter 3/1/11

RE: LA-CE-593-M

TOTAL FEES \$480.00
TOTAL CHARGES FOR THIS BILL \$480.00

RECEIVED
ADMIN SERVICES
MAR 01 2011

PAID
MAR 10 2011
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

January 31, 2011

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 01/31/2011
Client Info: MO040 00057 PB
Invoice # 127266

PO# 1100073
Core 3
Acct# 53123 420-4269 491.00
Acct#
Acct#
Approved Theresa St. Peter JTA 3/1/11

RE: LA-CE-591-M

TOTAL FEES	\$480.00
TOTAL DISBURSEMENTS	\$11.00
TOTAL CHARGES FOR THIS BILL	\$491.00

**RECEIVED
ADMIN SERVICES**

MAR 01 2011

PAID

MAR 10 2011

CITY OF MONROVIA

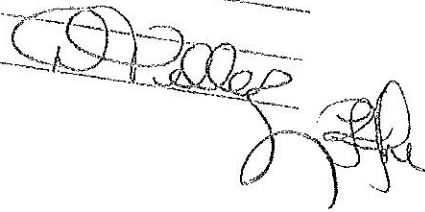
LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION
6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

February 28, 2011

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 02/28/2011
Client Info: MO040 00051 PB
Invoice # 128620

PO# 1100073
LN# 3 53123400-4209 1203.00
Acct# _____
Acct# _____
Approved: 

RE: LA-CE-536-M

TOTAL FEES \$603.00
TOTAL CHARGES FOR THIS BILL \$603.00

RECEIVED
ADMIN SERVICES
APR 04 2011

PAID
APR 14 2011
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

March 31, 2011

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 03/31/2011
Client Info: MO040 00051 PB
Invoice # 129779

PO# 1100073
Acct# 53123420 - 42109 wr3 12072.00
Acct# _____
Acct# _____
Approved Theresa St. Peter

RE: LA-CE-536-M

TOTAL FEES
TOTAL CHARGES FOR THIS BILL

TS
5/11/11

\$6,072.00
\$6,072.00

RECEIVED
ADMIN SERVICES

MAY 02 2011

PAID

MAY 12 2011

CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

March 31, 2011

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 03/31/2011
Client Info: MO040 00056 PB
Invoice # 129782

PO# 1100073
Acct# 53123420-4209 WR03 480.00
Acct# _____
Acct# _____
Approved Theresa St. Peter
MAY 5 10 11
\$480.00
\$480.00

RE: LA-CE-593-M

TOTAL FEES
TOTAL CHARGES FOR THIS BILL

RECEIVED
ADMIN SERVICES

MAY 02 2011

PAID
MAY 12 2011
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

March 31, 2011

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 03/31/2011
Client Info: MO040 00057 PB
Invoice # 129783

PO# 1100073
w/3
Acct# 53123420-4209 @ 720.00
Acct# _____
Acct# _____
Approved Theresa St Peter

RE: LA-CE-591-M

TOTAL FEES
TOTAL CHARGES FOR THIS BILL

RECEIVED
ADMIN SERVICE
\$720.00
MAY 02 2011 \$720.00

PAID
MAY 12 2011
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

March 31, 2011

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 03/31/2011
Client Info: MO040 00066 JSI
Invoice # 129788

PO# 1100073
Inv# 53123420 - 4209 4904.00
Acct#
Acct#
Approved Theresa St. Peter

RE: IAFF UPC No. 5
LA-CE-655-M

TOTAL FEES	\$4,962.00
TOTAL DISBURSEMENTS	\$2.60
TOTAL CHARGES FOR THIS BILL	\$4,964.60

RECEIVED
ADMIN SERVICES

MAY 02 2011

PAID

MAY 12 2011

CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

PAID

JUN 16 2011

CITY OF MONROVIA

April 30, 2011

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 04/30/2011
Client Info: MO040 00051 PB
Invoice # 131201

RECEIVED
MAY 24 2011
City of Monrovia
Human Resources Dept.

RE: LA-CE-

TOTAL FEES	\$12,517.00
TOTAL DISBURSEMENTS	\$52.95
TOTAL CHARGES FOR THIS BILL	\$12,569.95

PO# 01100013-00
 Acct# 53123420-4269 (Lure #3) \$12,569.95
 Acct# _____
 Acct# _____
 Approved Theresa St Peter

PB 6/15/11

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973


April 30, 2011

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 04/30/2011
Client Info: MO040 00056 PB
Invoice # 131204

RE: LA-CE-593-M

TOTAL FEES	\$2,600.00
TOTAL DISBURSEMENTS	\$133.35
TOTAL CHARGES FOR THIS BILL	\$2,733.35

PO# 01100073-00
Acct# 53123420-4069(Limit 9) + 2733.35
Acct# _____
Acct# _____
Approved Theresa St Peter 

PAID
JUN 16 2011
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

April 30, 2011

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 04/30/2011
Client Info: MO040 00057 PB
Invoice # 131205

RE: LA-CE-591-M

TOTAL FEES \$1,878.00
TOTAL CHARGES FOR THIS BILL \$1,878.00

PO# 01100073-DD
Acct# 503123420-4269 (Direct) \$1,878.00
Acct# _____
Acct# _____
Approved Theresa St. Peter



PAID
JUN 16 2011
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973


April 30, 2011

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 04/30/2011
Client Info: MO040 00058 PB
Invoice # 131206

RE: UPC LACE610M

TOTAL FEES \$110.00
TOTAL CHARGES FOR THIS BILL \$110.00

PO# 01100013-10
Acct# 53123420-42121 (line#3) \$110.00-
Acct# _____
Acct# _____
Approved Theresa St. Peter 

PAID
JUN 16 2011

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

April 30, 2011


City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 04/30/2011
Client Info: MO040 00066 JS1
Invoice # 131211

RECEIVED
MAY 24 2011
City of Monrovia
Human Resources Dept.

RE: LA-CE-665-M

TOTAL FEES \$168.00
TOTAL CHARGES FOR THIS BILL \$168.00

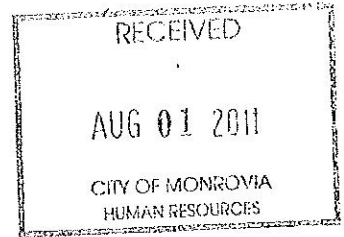
PO# 01100073-00
Acct# 53123420-4209 (Inv#3) \$168-
Acct# _____
Acct# _____
Approved Theresa St Peter 

PAID
JUN 16 2011
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973



May 31, 2011

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 05/31/2011
Client Info: MO040 00051 PB
Invoice # 133790

PO# 1100073
Acct# 53123420-4269 UM
Acct# 38
Acct#
Approved [Signature]

RE: LA-CE-536-M

TOTAL FEES	\$36,980.00
TOTAL DISBURSEMENTS	\$1,492.80
TOTAL CHARGES FOR THIS BILL	\$38,472.80

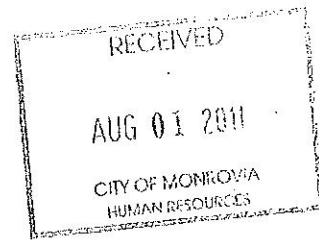
CITY OF MONROVIA

RECEIVED
ADMIN SERVICES
JUL 21 2011

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0560
Tax ID: 95-3658973



May 31, 2011

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through: 05/31/2011
Client/Matter No.: MO040 00051 PB
Invoice #: 133790

PAID

SEP 01 2011

CITY OF MONROVIA

RE: LA-CE-536-M

BILLING SUMMARY

TOTAL FEES	\$36,980.00
TOTAL DISBURSEMENTS	\$1,492.80
TOTAL CHARGES FOR THIS BILL	\$38,472.80

FOR PROFESSIONAL SERVICES RENDERED

Hours Amount

	Hours	Amount
05/01/2011 JSI CONTINUE WORKING ON RAPP CROSS- EXAMINATION .	4.00	960.00
05/02/2011 PB PREP FOR HEARING BY REVIEWING DOCUMENTS FOR EXHIBIT BOOK AND FOR CATE CROSS EXAMINATION .	1.40	378.00
05/02/2011 JSI WORK ON SEVERAL CASE PREPARATION ISSUES INCLUDING WITNESS EXAMINATION .	4.30	1,032.00
05/02/2011 JSI EXCHANGE NUMEROUS EMAIL WITH CHIEF DONOVAN RE QUESTIONS RE CROSS EXAMINATION .	0.60	144.00
05/02/2011 JSI WORK ON DOCUMENT ORGANIZATION FOR HEARING .	1.70	408.00
05/02/2011 JSI READ MR. OCHOA AND MS. ST. PETER TESTIMONY .	0.70	168.00
05/02/2011 JSI STRATEGIZE RE CASE PREPARATION .	0.70	168.00
05/03/2011 JSI CONTINUE WORKING ON CHIEF DONOVAN DIRECT EXAMINATION AND ADDING ALL EXHIBITS .	5.00	1,200.00
05/03/2011 JSI TELEPHONE CONFERENCE WITH CHIEF DONOVAN IN PREPARATION FOR HEARING .	1.90	456.00
05/03/2011 JSI CONTINUE WORKING ON DOCUMENTS FOR HEARING .	1.30	312.00
05/04/2011 PB MEETINGS WITH SCOTT OCHOA, THERESA, AND MARY ANN RE THEIR TESTIMONY .	3.40	918.00

Client/Matter/Invoice No.: MO040 00051 133790

05/04/2011	PB	PREPARE OPENING STATEMENT AND CONSIDER STRATEGY RE CROSS EXAM RE MORTON AND CATE .	0.60	162.00
05/04/2011	JSI	DRAFT AND SEND EMAIL TO CHIEF DONOVAN RE ENCLOSED TESTIMONY .	0.10	24.00
05/04/2011	JSI	CONTINUE WORKING ON AND FINALIZE CHIEF DONOVAN'S 72 PAGE DIRECT EXAMINATION .	10.90	2,616.00
05/05/2011	GS	REVIEW OF DOCUMENTS FOR ORGANIZATION OF BINDER REGARDING THE LETTER FROM THE MONROVIA FIREFIGHTERS FOR HEARING	0.20	20.00
05/05/2011	JSI	WORK ON ADDING TO RAPP'S TESTIMONY AND MODIFYING SAME IN LIGHT OF JULY 2 LETTER AND FINALIZE THE FORTY PLUS PAGE CROSS EXAMINATION .	7.50	1,800.00
05/05/2011	JSI	READ JULY 2 LETTER FROM MORTON AND COORDINATE RE ADDING TO EXHIBIT BINDER .	0.30	72.00
05/05/2011	JSI	TELEPHONE CONFERENCE WITH CHRIS DONOVAN RE HIS TESTIMONY .	0.60	144.00
05/05/2011	JSI	EXCHANGE EMAILS WITH MS. ST. PETER REGARDING FACTULA INFORMATION .	0.30	72.00
05/06/2011	PB	PREP CROSS EXAMINATION OF MIKE CATE .	2.10	567.00
05/06/2011	JSI	TWO TELEPHONE CONFERENCES WITH FABRIZIO AND DRAFT EMAIL RE ENCLOSED DOCUMENT AND FORWARD SAME TO HIM .	0.50	120.00
05/06/2011	JSI	COMMENCE WORKING ON OPENING STATEMENT .		312.00
05/06/2011	JSI	WORK ON AND FINALIZE HABERELE DIRECT EXAMINATION .		600.00
05/06/2011	JSI	WORK ON FABRIZIO DIRECT EXAMINATION AND FINALIZE SAME .	5.00	1,200.00
05/07/2011	PB	PREP OPENING STATEMENT .	0.30	81.00
05/07/2011	JSI	CONTINUE AND COMPLETE DRAFTING THE OPENING STATEMENT .	5.60	1,344.00
05/08/2011	JSI	TRAVEL SD TO LA AND PICK UP DOCUMENTS (NO CHARGE)	3.60	No Charge
05/08/2011	JSI	FINALIZE OPENING STATEMENT .	1.50	360.00
05/08/2011	JSI	TRAVEL OFFICE TO GLENDALE FOR HEARING .	0.70	168.00
05/08/2011	JSI	FINALIZE DOCUMENT REVIEW AND PREPARATION FOR HEARING .	1.50	360.00
05/09/2011	PB	PERB HEARING DAY 1 .	8.20	2,214.00
05/09/2011	JSI	WORK ON REVISING CROSS EXAMINATION QUESTIONS FOR RAPP BASED ON HIS DIRECT EXAMINATION TESTIMONY .	3.30	792.00
05/09/2011	JSI	ATTEND DAY ONE PERB HEARING .	7.50	1,800.00
05/10/2011	PB	HEARING DAY 2 .	8.20	2,214.00
05/10/2011	JSI	PREP CHIEF DONOVAN'S DIRECT EXAMINATION BASED ON TODAY'S TESTIMONY AND RULINGS AND FOCUSING OF CERTAIN ISSUES .	3.90	936.00
05/10/2011	JSI	ATTEND DAY TWO PERB HEARING .	7.50	1,800.00
05/10/2011	JSI	TELEPHONE CONFERENCES WITH SCOTT HABERLE RE ISSUES RAISED AT PERB HEARING .	0.70	168.00
05/10/2011	JSI	SEVERAL TELEPHONE CALLS WITH CHIEF DONOVAN IN PREPARATION FOR HIS TESTIMONY TOMMOROW .	0.70	168.00

PAID
 SEP 01 2011
 2.50
 CITY OF MONROVIA

Client/Matter/Invoice No.: MO040 00051 133790

05/11/2011	PB	TRAVEL TO AND FROM HEARING DAY 3 REDUCED FOR CALLS .	1.50	405.00
05/11/2011	PB	HEARING DAY 3 .	8.10	2,187.00
05/11/2011	JSI	TELEPHONE CONFERENCE WITH SCOTT HABERLE RE TESTIMONY OF ASSOCIATION WITNESS .	0.50	120.00
05/11/2011	JSI	SEVERAL TELEPHONE CONFERENCES WITH CHRIS FABRIZIO AND WORK ON REVISING HIS DIRECT EXAMINATION AND REVIEW CERTAIN DOCUMENTS .	3.90	936.00
05/11/2011	JSI	ATTEND DAY THREE OF PERB HEARING AND MEET WITH CHIEF DONOVAN BEFOREHAND .	8.50	2,040.00
05/12/2011	PB	HEARING DAY 4 AND PREP WITH SCOTT OCHOA .	7.90	2,133.00
05/12/2011	JSI	ATTEND DAY FOUR OF PERB HEARING .	7.30	1,752.00
05/12/2011	JSI	TELEPHONE CONFERENCE WITH CHIEF DONOVAN RE HEARING .	0.90	216.00
05/12/2011	JSI	TELEPHONE SCOTT HABERLE RE WILL NOT CALL HIM AS WITNESS TOMORROW AND RELATED ISSUES .	0.30	72.00
05/12/2011	JSI	EXCHANGE EMAIL WITH AND TELEPHONE CONFERENCE WITH CHRIS FABRIZION .	0.30	72.00
05/13/2011	PB	TRAVEL TO AND FROM HEARING TODAY DAY 5 REDUCED FOR CALLS .	1.50	405.00
05/13/2011	JSI	TRAVEL LOS ANGELES TO SAN DIEGO (NO CHARGE) .	2.70	No Charge
05/13/2011	JSI	TELEPHONE CONFERENCE WITH CHIEF DONOVAN RE UPDATE ON HEARING AND COMPLETION OF SAME .	0.30	72.00
05/13/2011	JSI	RETURN TRAVEL FROM PERB TO LOS ANGELES OFFICE .	1.00	240.00
05/18/2011	JSI	TELEPHONE CONFERENCE WITH CHRIS DONOVAN RE COMMENTS BY ALJ ON RESOLUTION RE PARTIES RELATIONSHIP AND TIMING ISSUES .	0.30	72.00
			<u>155.10</u>	<u>\$36,980.00</u>

Timekeeper Summary

SAKAMOTO, GARY
 ISLAS, JUDITH
 ISLAS, JUDITH
 BROWN, PETER

	Hours	Rate	Amount
	0.20	100.00	\$20.00
	6.30	0.00	\$0.00
	105.40	240.00	\$25,296.00
	43.20	270.00	\$11,664.00
Total fees for this matter	<u>155.10</u>		<u>\$36,980.00</u>

PAID

SEP 01 2011

CITY OF MONROVIA

DISBURSEMENTS

05/08/2011 EMBASSY SUITES HOTEL
 05/31/2011 PHOTOCOPIES

Amount
1,114.80
378.00
<u>\$1,492.80</u>

Total disbursements for this matter

Monrovia, City of

Client/Matter/Invoice No.:

MO040

00051

133790

Page 4

Accounts Receivable Aging

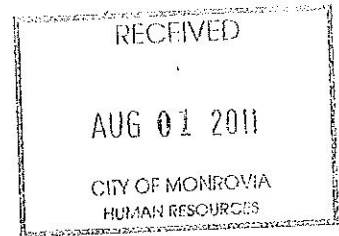
<u>Under 31 Days</u>	<u>31 - 60 Days</u>	<u>61-90 Days</u>	<u>91-120 Days</u>	<u>Over 120 Days</u>
\$0.00	\$12,569.95	\$0.00	\$0.00	\$0.00

PAID
SEP 01 2011
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0837
Tax ID: 95-3658973

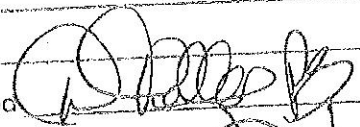


May 31, 2011

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 05/31/2011
Client Info: MO040 00056 PB
Invoice # 133792

PO# 1105073
Acct# 521 23420 - 4269 units
Acci# _____ \$SD2

Acct# _____
Approved: 
8/31/11

RE: LA-CE-593-M

TOTAL FEES	\$4,908.00
TOTAL DISBURSEMENTS	\$117.90
TOTAL CHARGES FOR THIS BILL	\$5,025.90

PAID
SEP 01 2011
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0560
Tax ID: 95-3658973



May 31, 2011

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 05/31/2011
Client/Matter No.: MO040 00056 PB
Invoice # 133792

RE: LA-CE-593-M

BILLING SUMMARY

TOTAL FEES	\$4,908.00
TOTAL DISBURSEMENTS	\$117.90
TOTAL CHARGES FOR THIS BILL	\$5,025.90

PAID

SEP 01 2011

FOR PROFESSIONAL SERVICES RENDERED		CITY OF MONROVIA	Hours	Amount
05/04/2011	PB	TRAVEL TO AND FROM CITY FOR MEETINGS WITH THERESA, SCOTT AND MARY ANN LUTZ RE TESTIMONY - REDUCED FOR CALLS .	1.40	378.00
05/04/2011	PB	PREP TESTIMONY OF MARY ANN LUTZ .	0.10	27.00
05/04/2011	PB	PREP FOR MEETINGS WITH SCOTT OCHOA AND MARY ANN LUTZ FOR TESTIMONY .	0.50	135.00
05/06/2011	PB	PREP TESTIMONY OF MARY ANN LUTZ .	0.10	27.00
05/06/2011	PB	PREP FOR HEARING BY REVIEWING SHAWN MORTON LETTER TO CHRIS FROM 2007 TO USE IN CROSS .	0.20	54.00
05/06/2011	PB	PREP CROSS EXAMINATION OF SHAWN MORTON .	1.90	513.00
05/09/2011	PB	T THERESA RE TESTIMONY .	0.10	27.00
05/09/2011	PB	PREP FOR HEARING TODAY .	0.50	135.00
05/10/2011	PB	TRAVEL TO AND FROM THE HEARING DAY 2 AT PERB IN GLENDALE .	2.10	567.00
05/10/2011	PB	T SCOTT OCHOA RE HIS TESTIMONY .	0.10	27.00
			6.20	1,674.00

Monrovia, City of

Client/Matter/Invoice No.:

MO040

00056

133792

Page 2

	<u>18.80</u>	<u>\$4,908.00</u>
Timekeeper Summary		
	Hours	Rate
		Amount
ISLAS, JUDITH	5.60	240.00
BROWN, PETER	13.20	270.00
	<u>18.80</u>	<u>\$4,908.00</u>
Total fees for this matter		

DISBURSEMENTS

		117.90
05/31/2011	PHOTOCOPIES	
	Total disbursements for this matter	<u>\$117.90</u>

Accounts Receivable Aging

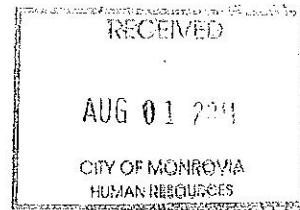
<u>Under 31 Days</u>	<u>31 - 60 Days</u>	<u>61-90 Days</u>	<u>91-120 Days</u>	<u>Over 120 Days</u>
\$0.00	\$2,733.35	\$0.00	\$0.00	\$0.00

PAID
SEP 01 2011
CITY OF MONROVIA

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0560
Tax ID: 95-3658973



May 31, 2011

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 05/31/2011
Client/Matter No.: MO040 00057 PB
Invoice # 133793

RE: LA-CE-591-M

BILLING SUMMARY

TOTAL FEES \$1,728.00
TOTAL CHARGES FOR THIS BILL \$1,728.00

PAID

SEP 01 2011

CITY OF MONROVIA Hours Amount

FOR PROFESSIONAL SERVICES RENDERED

Date	Client	Description	Hours	Amount
05/04/2011	PB	T THERESA RE HER TESTIMONY .	0.10	27.00
05/04/2011	PB	PREP TESTIMONY OF THERESA ST. PETER .	0.50	135.00
05/06/2011	PB	PREP TESTIMONY OF THERESA ST. PETER .	0.70	189.00
05/08/2011	PB	PREP FOR HEARING TOMORROW .	1.10	297.00
05/09/2011	PB	TRAVEL TO AND FROM PERB FOR HEARING TODAY .	1.80	486.00
05/12/2011	PB	TRAVEL TO AND FROM HEARING DAY 4 .	1.70	459.00
05/13/2011	PB	PREP FOR THERESA'S TESTIMONY TODAY .	0.50	135.00
			<u>6.40</u>	<u>\$1,728.00</u>

Timekeeper Summary

Timekeeper	Hours	Rate	Amount
BROWN, PETER	6.40	270.00	\$1,728.00
Total fees for this matter	<u>6.40</u>		<u>\$1,728.00</u>

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 West Century Blvd., Suite 500
Los Angeles, CA 90045
Tel: (310) 981-2000 Fax: (310) 337-0560
Tax ID: 95-3658973

May 31, 2011

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Billed through 05/31/2011
Client/Matter No.: MO040 00058 PB
Invoice # 133794

RE: UPC LACE610M

BILLING SUMMARY

TOTAL FEES	\$288.00
TOTAL CHARGES FOR THIS BILL	\$288.00

FOR PROFESSIONAL SERVICES RENDERED

		Hours	Amount
05/18/2011	JSI	0.90	216.00
READ UPC CHARGES 610 AND 655 AND ASSESS WHETHER SAFETY NOTICES RELATE TO THESE CHARGES AND DRAFT MEMO RE SAME AND READ ADDITIONAL NOTICES.			
05/18/2011	JSI		72.00
READ SAFETY NOTICES FORWARDED BY MS. ST. PETER AND CHIEF DONOVAN'S MEMO TO FIRE PERSONNEL AND CHECK UPC 610 IN RELATION TO SAME.			
			CITY OF MONROVIA
			<hr/>
			1.20 \$288.00

Timekeeper Summary	Hours	Rate	Amount
ISLAS, JUDITH	1.20	240.00	\$288.00
Total fees for this matter	<hr/> 1.20		<hr/> \$288.00

LCSW LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard
5th Floor
Los Angeles, CA 90045
310-981-2000
Fed. Tax I.D. #95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016


Invoice 136308
June 30, 2011

Client/Matter No.: MO040-00051
Re: LA-CE-536-M

PAID
SEP 21 2011
CITY OF MONROVIA

For Professional Services Rendered Through 6/30/2011

Total Fees	16,692.00
Total Disbursements	2,349.15
Total Charges for this Bill	19,041.15

 LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6933 W. Century Boulevard
5th Floor
Los Angeles, CA 90045
310-981-2030
Cal. Tex. I.D. #95-3058973

Invoice 136312
June 30, 2011

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Client/Matter No.: MO046-00056
Re: L.A.-CE-593-M

For Professional Services Rendered Through 6/30/2011

Total Fees	408.00
Total Charges for this Bill	408.00

PAID
SEP 21 2011
CITY OF MONROVIA

LCW LIBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard
5th Floor
Los Angeles, CA 90045
310-981-2000
Fed. Tax I.D. #95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Invoice 136313
June 30, 2011


Client/Matter No.: MO040-00057
Re: LA-CE-591-M

For Professional Services Rendered Through 6/30/2011

Billing Summary

Total Fees	1,200.00
Total Charges for this Bill	1,200.00

PAID
SEP 21 2011
CITY OF MONROVIA

 LIBERTY CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard
5th Floor
Los Angeles, CA 90045
310-581-2030
Fed. Tax ID: 895-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Invoice 136317
June 30, 2011

Client/Matter No.: MO040-00066
Re: L.A.-CE-655-M

For Professional Services Rendered Through 6/30/2011

Total Fees	338.00
Total Disbursements	1.00
Total Charges for this Bill	339.00

PAID
SEP 21 2011
CITY OF MONROVIA

LICW LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard
5th Floor
Los Angeles, CA 90045
310-981-2000
Fed. Tax I.D. #95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Invoice 138098
July 31, 2011

RECEIVED
ADMIN SERVICES
SEP 14 2011

RECEIVED
AUG 28 2011
CITY OF MONROVIA
HUMAN RESOURCES

Client/Matter No.: MO040-00051
Re: LA-CE-536-M

For Professional Services Rendered Through 7/31/2011

Billing Summary

Total Fees	9,152.00
Total Disbursements	17.40
Total Charges for this Bill	9,169.40

PAID
SEP 21 2011
CITY OF MONROVIA

PO# 01200073-00 *line 137*
Acct# 531 23420-4200 \$ 916940
Acct# _____
Acct# _____
Approved *[Signature]* *9/20/11*

Lincoln County Whittaker

1177 1/2011-07-01

503 W. County Executive
B. P. Box
17000, CA 95018
17000, CA 95018

City of Monrovia
Dorcas St. Peter
Human Resources Director
415 South By Street
Monrovia, CA 91016

Phone 133 900
July 31, 2011

RECEIVED
ADMIN SERVICES
SEP 1 1 2011

Client: Minter No: M0544-0016
Re: LA-CF-593-M

For Professional Services Rendered Through 7/31/2011

Total Fees	3,710.00
Total Charges for this Bill	3,710.00

NO: 012 00072-10
 Acct: 5212340-40441101 \$ 3,710.00
 Acct# _____
 Acct# _____
 Approved: [Signature] [Signature]

PAID
SEP 21 2011
CITY OF MONROVIA

LCW LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard
5th Floor
Los Angeles, CA 90045
310-981-2000
Fed. Tax I.D. #95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

RECEIVED
ADMIN SERVICES
SEP 14 2011

Invoice 138101
July 31, 2011

RECEIVED
AUG 28 2011
CITY OF MONROVIA
HUMAN RESOURCES

Client/Matter No.: MO040-00057
Re: LA-CE-591-M

For Professional Services Rendered Through 7/31/2011

Billing Summary

Total Fees	3,259.50
Total Charges for this Bill	3,259.50

PO# 01805073-00
 Acct# 53123420-4209 unit # \$ 3259.50
 Acct# _____
 Acct# _____
 Approved *[Signature]*

PAID
SEP 21 2011
CITY OF MONROVIA

LCW LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard
5th Floor
Los Angeles, CA 90045
310-981-2000
Fed. Tax I.D. #95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Client/Matter No.: MO040-00066
Re: LA-CE-665-M

RECEIVED
ADMIN SERVICES
SEP 14 2011

Invoice 138105
July 31, 2011

PO# 012 00073-00
Acct# 531 73420-42169 ^{11/2/11} \$ 1279.35
Acct# _____
Acct# _____
Approved [Signature]

For Professional Services Rendered Through 7/31/2011

Billing Summary

Total Fees	1,270.00
Total Disbursements	9.35
Total Charges for this Bill	1,279.35

PAID
SEP 21 2011
CITY OF

LCW LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard
5th Floor
Los Angeles, CA 90045
310-981-2000
Fed. Tax I.D. #95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Client/Matter No.: MO040-00051
Re: LA-CE-536-M

RECEIVED
SEP 12 2011
CITY OF MONROVIA
HUMAN RESOURCES

Invoice 138981
August 31, 2011

PO# 01200073-10
Acct# 53173420-4269 \$10,519.00
Acct# _____
Acct# _____
Approved [Signature] 9/20/11

For Professional Services Rendered Through 8/31/2011

Billing Summary

Total Fees	10,445.50
Total Disbursements	73.50
Total Charges for this Bill	10,519.00

RECEIVED
ADMIN SERVICES

SEP 19 2011

PAID

SEP 21 2011

CITY OF MONROVIA

LCW LIBERTY CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W Century Boulevard
5th Floor
Los Angeles, CA 90045
310-581-2020
FCL L.A. ID: 95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Client/Matter No.: MO010-00056
Re: LA-CE-593-M



Invoice 138984
August 31, 2011

PO# 012000 73-03
Acct# 52122120 - 4200 9550.50
Acct# _____
Acct# _____
Approved: [Signature]

For Professional Services Rendered Through 8/31/2011

Billing Summary

Total Fees	556.50
Total Charges for this Bill	556.50

RECEIVED
ADMIN SERVICES
SEP 19 2011

PAID
SEP 21 2011
CITY OF MONROVIA

LCW LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard
5th Floor
Los Angeles, CA 90045
310-981-2000
Fed. Tax I.D. #95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Client/Matter No.: MO040-00057
Re: LA-CE-591-M

RECEIVED
SEP 18 2011
CITY OF MONROVIA
HUMAN RESOURCES

Invoice 138985
August 31, 2011

PO# 012 D750 B-00
Acct# 531 23420-4209 @ 1139.50
Acct# _____
Acct# _____
Approved: [Signature]

For Professional Services Rendered Through 8/31/2011

Billing Summary

Total Fees	1,139.50
Total Charges for this Bill	1,139.50

RECEIVED
ADMIN SERVICES

SEP 19 2011

PAID
SEP 21 2011
CITY OF MONROVIA

LCW LIBERTY CASSIDY WILDMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard
5th Floor
Los Angeles, CA 90045
310-981-2360
Fed. Tax ID: 95-3855973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Client/Matter No.: MO040 60066
Re: LA-CE-655-M

RECEIVED
SEP 12 2011
CITY OF MONROVIA
HUMAN RESOURCES

Invoice 138989
August 31, 2011

PO# 01700073-00
Acct# 52173420-426992150
Acct# _____
Acct# _____
Approved [Signature] 9-20-11

For Professional Services Rendered Through 8/31/2011

Billings Summary

Total Fees	26.50
Total Charges for this Bill	26.50

RECEIVED
ADMIN SERVICES

SEP 19 2011

PAID
SEP 21 2011
CITY OF MONROVIA

LCW LIBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W Century Boulevard
5th Floor
Los Angeles, CA 90045
310-991-2000
Fed. Tax ID. #95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Invoice 140549
September 30, 2011

PAID
ADVISORY SERVICES
OCT 31 2011

RECEIVED
OCT 24 2011
CITY OF MONROVIA
HUMAN RESOURCES

City of Monrovia - Invoice # 140549

For Professional Services Rendered Through 9/30/2011

Billing Summary

Total Fees	291.50
Total Disbursements	26.40
Total Charges for this Bill	317.90

PO# 01200073-10
Acct# 52123420-4269 \$ 317.90
Acct# _____
Acct# _____
Approved [Signature]

PAID
11-9-11
NOV 10 2011
CITY OF MONROVIA



LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6053 W. Century Boulevard
5th Floor
Los Angeles, CA 90045
310-981-2000
Fed. Tax I.D. #95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Invoice 143852
November 30, 2011

Client/Matter No.: MO040-00058
Re: UPC LACE610M

For Professional Services Rendered Through 11/30/2011

Billing Summary

Total Fees	1,802.00
Total Disbursements	3.00
Total Charges for this Bill	1,805.00

1200073
Unl 153123420 - 4269 1805.00



LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard
5th Floor
Los Angeles, CA 90045
310-981-2000
Fed. Tax I.D. #95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Invoice 143852
November 30, 2011

Client/Matter No.: MO040-00058
Re: UPC LACE610M

For Professional Services Rendered Through 11/30/2011

Billing Summary

Total Fees	1,802.00
Total Disbursements	3.00
Total Charges for this Bill	1,805.00

Fees

Date	Atty	Description	Hours	Amount
11/08/11	JSI	REVIEW COMPLAINT AND NOTICE RE WITHDRAWAL OF CHARGES AND CHECK CHARGES TO IDENTIFY WITHDRAWN AND REMAINING CHARGES AND DRAFT EMAIL TO MS. ST. PETER RE SAME.	0.50	132.50
11/10/11	JSI	EXCHANGE EMAILS WITH MR. OCHOA RE ALLEGATIONS IN THE COMPLAINT AND DRAFT ANSWER RESPONDING TO THE ALLEGATIONS IN THE COMPLAINT.	1.30	344.50
11/10/11	JSI	EXCHANGE EMAILS WITH MS. ST. PETER RE ANSWER TO COMPLAINT AND RELATED FACTS.	0.30	79.50
11/14/11	JSI	DRAFT AFFIRMATIVE DEFENSES TO BE INCLUDED IN ANSWER TO COMPLAINT AND CHECK TIMELINESS, DRAFT VERIFICATION OF COMPLAINT, CHECK CERTAIN PERB REGULATIONS RE ANSWER AND TIME TO FILE AND REVIEW AND FINALIZE ANSWER	1.30	344.50
11/14/11	JSI	DRAFT AND SEND EMAIL TO MR. OCHOA AND MS. ST. PETER RE COMPLAINT AND ANSWER TO COMPLAINT AND VERIFICATION.	0.30	79.50
11/14/11	JSI	EXCHANGE EMAIL WITH MR. OCHOA RE ANSWER TO PERB COMPLAINT, HIS REVIEW AND COMMENTS ON SAME AND EXECUTION OF VERIFICATION.	0.30	79.50
11/15/11	JSI	TELEPHONE CONFERENCE WITH MR. OCHOA AND CHIEF DONOVAN RE PERB COMPLAINT AND BACKGROUND.	0.30	79.50
11/15/11	JSI	CHECK ON STATUS OF TIMING ON JUDGE ALLEN'S DECISIONS IN RESPONSE TO MR. OCHOA'S INQUIRY AND SEND EMAIL TO MR. OCHOA AND CHIEF DONOVAN RE SAME.	0.30	79.50
11/15/11	JSI	EXCHANGE EMAIL WITH RACHAEL HUGHES RE MR. OCHOA'S	0.10	26.50

Liebert Cassidy Whitmore

City of Monrovia
 I.D. MO040-00058 - PB
 Re: UPC LACE6J0M

November 30, 2011
 Invoice 143852
 Page 3

Date	Atty	Description	Hours	Amount
		VERIFICATION.		
11/15/11	JSI	FINALIZE ANSWER.	0.70	185.50
11/15/11	JSI	DRAFT AND SEND EMAIL TO MS. TELLEZ RE INFORMAL CONFERENCE AND AVAILABILITY ON SCHEDULED DATE AND ENCLOSED NOTICE.	0.30	79.50
11/16/11	JSI	DRAFT AND SEND EMAIL TO MS. TELLEZ RE POSSIBLE DATES FOR PERB HEARING AND WITNESSES/INDIVIDUALS NEEDED AT THE HEARING.	0.30	79.50
11/16/11	JSI	DRAFT AND SEND EMAIL TO MS. TELLEZ ENCLOSING CITY'S ANSWER TO PERB COMPLAINT.	0.10	26.50
11/17/11	JSI	READ EMAIL FROM MR. COHEN RE REQUEST TO CHANGE INFORMAL CONFERENCE DATE.	0.10	26.50
11/17/11	JSI	COMMUNICATE WITH MS. TELLEZ INCLUDING EMAIL EXCHANGE RE ALTERNATE DATES FOR INFORMAL PERB CONFERENCE.	0.30	79.50
11/18/11	JSI	EXCHANGE EMAIL WITH MR. COHEN RE HIS REQUEST FOR CONTINUANCE OF INFORMAL PERB CONFERENCE; FORWARD TO MS. TELLEZ.	0.30	79.50
Total Fees			6.80	1,802.00

Fee Recap

	Hours	Rate	Amount
JUDITH ISLAS OF COUNSEL	6.80	265.00	1,802.00
Totals	6.80		1,802.00

Disbursements

Date	Description	Amount
11/30/11	FAXES	3.00
Total Disbursements		3.00

Aged Accounts Receivable

Under 31 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total Due
1,805.00	0.00	0.00	0.00	0	1,805.00

LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION
6033 W. Century Boulevard, Suite 500
Los Angeles, California 90045
Tel: (310) 981-2000 • Fax: (310) 337-0837
www.lcwlegal.com

FAX COVER SHEET

DATE: November 15, 2011 CLIENT-MATTER NUMBER: MO040-058

To:

NAME:	FAX NO.:	PHONE NO.:
Ellen Wu PERB	(818) 551-2820	

FROM: Judith S. Islas PHONE: (310) 981-2038

RE: *Monrovia Firefighters Assoc, IAFF Local 2415 v. City of Monrovia*

NUMBER OF PAGES WITH COVER PAGE: 6	Originals Will Follow By Regular Mail
------------------------------------	---------------------------------------

Message:

Please see attached Answer to Complaint.

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IF YOU DO NOT RECEIVE ALL PAGES, PLEASE TELEPHONE
JUNE STEER AT (310) 981-2000 IMMEDIATELY.

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard
5th Floor
Los Angeles, CA 90045
310-981-2000
Fed. Tax ID. #95-3658973

City of Monrovia
Theresa St. Peter
Human Resources Director
415 South Ivy Street
Monrovia, CA 91016

Invoice 143856
November 30, 2011

we 1260073
53193420.4269 30.0

Client/Matter No.: MO040-00066
Re: LA-CE-665-M



For Professional Services Rendered Through 11/30/2011

Billing Summary

Total Fees	30.00
Total Charges for this Bill	30.00

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard
 5th Floor
 Los Angeles, CA 90045
 310-981-2000
 Fed. Tax I.D. #95-3658973

Invoice 143856
 November 30, 2011

City of Monrovia
 Theresa St. Peter
 Human Resources Director
 415 South Ivy Street
 Monrovia, CA 91016

Client/Matter No.: MO040-00066
 Re: LA-CF-665-M

For Professional Services Rendered Through 11/30/2011

Billing Summary

Total Fees	30.00
Total Charges for this Bill	30.00

Fees

Date	Atty	Description	Hours	Amount
11/07/11	PB	REVIEW LETTER FROM COHEN REVIEWING CHARGES FROM UNFAIR PRACTICE CHARGE.	0.10	30.00
Total Fees			0.10	30.00

Fee Recap

	Hours	Rate	Amount
PETER BROWN PARTNER	0.10	300.00	30.00
Totals	0.10		30.00

Aged Accounts Receivable

Under 31 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total Due
30.00	0.00	0.00	0.00	0	30.00

DECLARATION OF SERVICE BY EMAIL

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.

On September 29, 2017, I served the:

- **Notice of Complete Incorrect Reduction Claim, Schedule for Comments, and Notice of Tentative Hearing Date issued September 29, 2017**
- **Incorrect Reduction Claim (IRC) filed by City of Monrovia (Claimant) on August 15, 2017**

Local Government Employee Relations, 17-0130-I-01

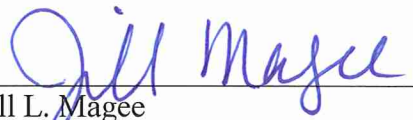
Government Code Sections 3502.5(b) and 3508.5(c); Statutes 2000, Chapter 901 (SB 739); California Code of Regulations, Title 8, Sections 32132, 32135, 32140, 32149, 32150, 32160, 32168, 32170, 32175, 32176, 32180, 32190, 32205, 32206, 32207, 32209, 32210, 32212, 32310, 32315, 32375, 32455, 32620, 32644, 32649, 32680, 32980, 60010, 60030, 60050, 60070; Register 2001, Number 49.

Fiscal Year: 2010-2011

City of Monrovia, Claimant

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

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on September 29, 2017 at Sacramento, California.



Jill L. Magee

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

COMMISSION ON STATE MANDATES

Mailing List

Last Updated: 9/28/17

Claim Number: 17-0130-I-01

Matter: Local Government Employee Relations

Claimant: City of Monrovia

TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:

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

Socorro Aquino, State Controller's Office

Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 322-7522

SAquino@sco.ca.gov

Lacey Baysinger, State Controller's Office

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 324-0254

lbaysinger@sco.ca.gov

Buffy Bullis, Administrative Services Director/Finance Director, City of Monrovia

415 S. Ivy Ave, Monrovia, CA 91016

Phone: (626) 932-5513

bbullis@ci.monrovia.ca.us

Allan Burdick,

7525 Myrtle Vista Avenue, Sacramento, CA 95831

Phone: (916) 203-3608

allanburdick@gmail.com

Gwendolyn Carlos, State Controller's Office

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 323-0706

gcarlos@sco.ca.gov

Annette Chinn, Cost Recovery Systems, Inc.

Claimant Representative

705-2 East Bidwell Street, #294, Folsom, CA 95630

Phone: (916) 939-7901

achinners@aol.com

Anita Dagan, Manager, Local Reimbursement Section, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740,
Sacramento, CA 95816
Phone: (916) 324-4112
Adagan@sco.ca.gov

Marieta Delfin, *State Controller's Office*
Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 322-4320
mdelfin@sco.ca.gov

Donna Ferebee, *Department of Finance*
915 L Street, Suite 1280, Sacramento, CA 95814
Phone: (916) 445-3274
donna.ferebee@dof.ca.gov

Susan Geanacou, *Department of Finance*
915 L Street, Suite 1280, Sacramento, CA 95814
Phone: (916) 445-3274
susan.geanacou@dof.ca.gov

Dillon Gibbons, Legislative Representative, *California Special Districts Association*
1112 I Street Bridge, Suite 200, Sacramento, CA 95814
Phone: (916) 442-7887
dillong@csda.net

Heather Halsey, Executive Director, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
heather.halsey@csm.ca.gov

Chris Hill, Principal Program Budget Analyst, *Department of Finance*
Local Government Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-3274
Chris.Hill@dof.ca.gov

Justyn Howard, Program Budget Manager, *Department of Finance*
915 L Street, Sacramento, CA 95814
Phone: (916) 445-1546
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