



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

July 14, 2016

To: County Auditors
County Clerk/Registrar

Re: June 7, 2016 Primary Election and Statewide Initiative Signature Verification Costs

Chapter 11, Statutes of 2016 appropriated funds for the support of counties that request assistance for the costs incurred between April 26, 2016, and July 15, 2016, inclusive, in conducting the June 7, 2016 primary election, simultaneously with completing statewide initiative signature verifications in a timely matter.

Accordingly, the State Controller's Office (SCO) shall reimburse a county that requests assistance with the costs incurred in conducting the June 7, 2016 primary election and the verification of statewide initiative signatures, in an amount not to exceed that established by the formula created by the Secretary of State. Enclosed are the claiming instructions and form to identify the costs eligible for reimbursement.

Submit a signed original form and one copy with the required supporting documentation to the SCO on or before **August 1, 2016**.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Jay Lal", is written over a light blue horizontal line.

JAY LAL, Manager
Local Reimbursements Section

OFFICE OF THE STATE CONTROLLER
CLAIMING INSTRUCTIONS
JUNE 7, 2016 PRIMARY ELECTION AND
STATEWIDE INITIATIVE SIGNATURE VERIFICATION
JULY 14, 2016

Pursuant to Chapter 11, Statutes of 2016, funds appropriated to the Budget Act of 2015 are for the support of counties that request assistance for the costs incurred between April 26, 2016, and July 15, 2016, inclusive, in conducting the June 7, 2016 primary election, simultaneously with completing statewide initiative signature verifications in a timely manner.

Accordingly, the State Controller's Office (SCO) shall reimburse a county that requests assistance with the costs incurred in conducting the June 7, 2016 primary election and the verification of statewide initiative signatures in an amount not to exceed that established by the formula created by the Secretary of State based on the total number of signatures submitted to the requesting county and the number of eligible voters in that county.

Eligible Claimants

Counties whose county election officials comply with the Eligibility for Reimbursement items below.

Reimbursement Claim Deadline

Claims for reimbursement must be filed with the SCO on or before **August 1, 2016**. Costs incurred are reimbursable for the period **April 26, 2016**, through **July 15, 2016**, inclusive, for conducting the June 7, 2016 primary election and verifying statewide initiative signatures.

Eligibility for Reimbursement

To be eligible for the reimbursement of costs provided in Item 0890-101-0001 of the Budget Act of 2015, a county elections official shall do all of the following pursuant to Provision 2:

- (a) Comply with Sections 12223, 12224, 12286, 14102, 14103, 14104, 14105, 14105.1, 14300, and 14310 of the Elections Code, with respect to the June 7, 2016 primary election.
- (b) Demonstrate that for all statewide initiative petitions filed in that county on or before May 20, 2016, (1) the county completed the determination pursuant to subdivision (b) of Section 9030 of the Elections Code and provided the total number of signatures for each petition to the Secretary of State no later than May 27, 2016; and (2) the county completed the determination pursuant to subdivision (d) of Section 9030 of the Elections Code and provided the results of the random sampling for each petition to the Secretary of State no later than 12:00 p.m. on June 30, 2016.

- (c) Prepare, sign, and certify as true and accurate a report that identifies costs related to the June 7, 2016 primary election and verifying statewide initiative verifications, and, on or before August 1, 2016, submit to the Controller the report, detailed invoices with supporting documentation, including timesheets and salary information, and any other information the Controller requires in order to verify (1) the county's costs incurred conducting the June 7, 2016 primary election and verifying statewide initiative signatures, in an amount not to exceed that established for the county in the Secretary of State's formula; and (2) the county's compliance with the requirements of this item.

Claim Preparation and Submission

Each claimed reimbursable cost must be supported by source documentation as described in Item 0890-101-0001, Provision (2)(c), of the Budget Act of 2015.

Please include copies of salary information and invoices for other costs with the claim. Any other supporting documentation must be retained and made available to the SCO upon request.

Submit a signed original form and one copy with the required supporting documentation to the SCO. **Please sign the form in blue ink.**

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

If you have any questions, you may email [**LRSDAR@sco.ca.gov**](mailto:LRSDAR@sco.ca.gov) or call the Local Reimbursements Section at (916) 324-5729.

State Controller's Office

FOR STATE CONTROLLER USE ONLY

**JUNE 7, 2016 PRIMARY ELECTION AND
STATEWIDE INITIATIVE SIGNATURE VERIFICATION
CLAIM FOR PAYMENT**

(02) Date Filed
(03) LRS Input

(01) County Name

Street Address or P.O. Box

Suite

City

State

Zip Code

(04) Description of Expenses

Object Accounts

(a) • Employee Name(s) and Functions Performed • Description of Supplies or Costs	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantities Used	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Postage	(g) Other	(h) Total

(05) Total Costs

(06) Amount Allocated by the Secretary of State

(07) Total Claimed Amount

(08) CERTIFICATION OF CLAIM

As County Clerk or County Registrar, I certify that the amounts stated on this claim are true, accurate, and complete.

Signature of County Clerk/Registrar

Date Signed

Telephone Number

Type or Print Name

Email Address

**JUNE 7, 2016 PRIMARY ELECTION AND
STATEWIDE INITIATIVE SIGNATURE VERIFICATION
CLAIM FOR PAYMENT
INSTRUCTIONS**

Note: A claimant may submit a computer generated form or spreadsheet in substitution of this form, provided that the data fields contained within are identical to the claim form included with these claiming instructions.

- (01) Enter the county name, street or postal office box address, city, State, and zip code.
- (02) to (03) Leave blank.
- (04) The following table identifies the type of information required to support reimbursable costs. To detail costs, enter each employee name, a brief description of the activities performed, hourly rate, actual time spent, fringe benefits, and materials and supplies used. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

Objects	Columns							Submit supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Salaries and Benefits	Employee Name and Functions Performed	Hourly Rate (including benefit rate, if applicable)	Hours Worked	Salaries = Hourly Rate x Hours Worked				Copy of Salary Information
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity Used		Cost = Unit Cost x Quantity Used			Copy of Invoices
Postage	Description of Supplies Used	Unit Cost	Quantity Used			Cost = Unit Cost x Quantity Used		Copy of Invoices
Other	Description of Other Costs	Unit Cost	Quantity Used				Cost = Unit Cost x Quantity Used	Copy of Invoices

- (05) Total columns (d) through (h). If more than one page is needed to detail the activity costs, number each page.
- (06) Enter the total allowable amount allocated by the Secretary of State.
- (07) Enter the Total Claimed Amount as follows:
 - If the Total Costs, line (05), column (h), is greater than the Amount Allocated by the Secretary of State, line (06), enter the Amount Allocated by the Secretary of State, as shown on line (06); or
 - If the Amount Allocated by the Secretary of State, line (06), is greater than the Total Costs, line (05), column (h), enter the Total Costs, as shown on line (05), column (h).
- (08) The claim must be signed and dated by the County Clerk/Registrar, type or print name, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signature. (Please sign the form in blue ink.)**

SUBMIT A SIGNED ORIGINAL FORM AND ONE COPY WITH THE REQUIRED SUPPORTING DOCUMENTATION 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