

# State of California



## Fair Political Practices Commission

P.O. BOX 807 • SACRAMENTO, 95804 ••• 1100 K STREET BUILDING, SACRAMENTO, 95814

Technical Assistance •• Administration •• Executive/Legal •• Enforcement  
(916) 322-5662 322-5660 322-5901 322-6441

April 26, 1985

Michael J. Brodie  
Assistant Chief Counsel  
State Compensation Insurance Fund  
P.O. Box 807  
San Francisco, CA 94101

Re: Your Request for Advice  
Our No. A-85-078

Dear Mr. Brodie:

In response to your letter of March 28, 1985, our advice to State Fund's Filing Officer is as follows:

1. He should require each newly-hired State Fund Attorney or Claims Adjuster to file an Assuming Office Statement as required by law.

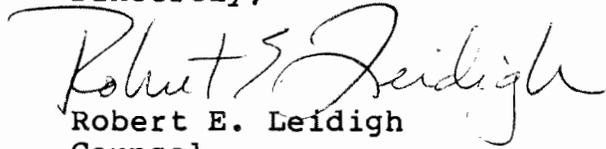
2. For the Claims Adjusters, they are only subject to Disclosure Category 7; therefore, they would check the appropriate box(es) on their Assuming Office Statement indicating that they have no interest to report and sign the form. We have revised the explanatory information following the assuming office box (enclosed). This explanation advises that interests need not be reported at this time but indicates that financial interests may need to be reported on an annual basis. It is suggested you amend your form to accommodate this explanation.

3. All the Attorneys have at least Category 4 in addition to Category 6. If they have no reportable interests under Category 4 and, since they have none under Category 6 at that time, they would then check the "no reportable interests" boxes on the summary sheet of the Form 730 and sign it.

Michael J. Brodie  
April 26, 1985  
Page 2

If you or the filing officer have any questions regarding this advice, please do not hesitate to call me. I may be reached at (916) 322-5901 (ATSS 8-492-5901).

Sincerely,

A handwritten signature in cursive script that reads "Robert E. Leidigh". The signature is written in dark ink and is positioned above the printed name.

Robert E. Leidigh  
Counsel  
Legal Division

REL:plh  
Enclosure

**STATEMENT OF ECONOMIC INTERESTS  
FOR CLAIMS ADJUSTERS**

|   |                        |
|---|------------------------|
| NAME _____                                      | POSITION _____         |
| STATE DEPARTMENT AND UNIT OR LOCAL AGENCY _____ |                        |
| MAILING ADDRESS _____                           | TELEPHONE NUMBER _____ |

**INITIAL STATEMENT:** The Conflict of Interest Code for your agency becomes effective on \_\_\_\_\_ (DATE)

**ASSUMING OFFICE STATEMENT:** You have assumed office on \_\_\_\_\_. You have no interests to report at this time. You will, on an annual basis, disclose those reportable interests in which you have participated in an adjustment assignment.

**ANNUAL STATEMENT:** You are required to file a Statement no later than \_\_\_\_\_ (DATE) disclosing all reportable interests held or received during the period from January 1, \_\_\_\_\_ through December 31, \_\_\_\_\_.

**LEAVING OFFICE STATEMENT:** You are leaving or have left your position on \_\_\_\_\_ (DATE) and must file a Statement within thirty days of that date. You must disclose all reportable interests held or received during the period from January 1, \_\_\_\_\_ through the date you left office.

The Conflict of Interest Code for the State Compensation Insurance Fund requires claims adjusters to disclose investments in, income (including gifts and loans) from, and positions held with, business entities and persons whose claims have been adjusted by you during the reporting period. If you have not participated in an adjustment assignment during the course of the reporting period in which you have a financial interest, then check the appropriate box below. No further disclosure need be made. If you have participated in an adjustment assignment during the reporting period in which you have a financial interest, then check the appropriate box and complete the schedules that would apply.

- (    ) I did not make or participate in an adjustment assignment during the course of the reporting period in which I have a financial interest.
  
- (    ) I did make or participate in an adjustment assignment during the course of the reporting period in which I have a financial interest. Appropriate schedules are completed.

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**VERIFICATION**

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I declare under penalty of perjury that I have used all reasonable diligence in preparing this Statement, that I have reviewed the attached schedules and to the best of my knowledge the information provided in this Statement is true and correct.

Executed on \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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**STATE**  
COMPENSATION  
INSURANCE  
**FUND**

1275 MARKET STREET - SAN FRANCISCO CALIFORNIA

APR 4 5 23 AM '85

STATE REPORT

(415) 565-1248

March 28, 1985

Fair Political Practices Commission  
P.O. Box 807  
Sacramento, California 95804

Attn: Mr. John Keplinger, Executive Director

Dear Mr. Keplinger:

State Compensation Insurance Fund hereby requests the issuance of an Advice Letter, pursuant to Government Code §83114 (b) and 2 Cal. Adm. C. §18329. The questions on which advice is sought are as follows.

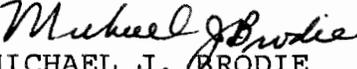
Disclosure Category 6 of the State Compensation Insurance Fund's Conflict of Interest Code (see attachment #1) requires that attorneys employed by the State Compensation Insurance Fund disclose any investments in, income from, and positions held with persons who have been the subject of legal work performed by the attorney during the reporting period in his capacity as a State Fund attorney. Disclosure Category 7 contains similar requirements for State Compensation Insurance Fund's claims adjusters. The attorneys are directed to file on Fair Political Practices Commission Form 730, while the claims adjusters are directed to file on a special form (State Compensation Insurance Fund Form 8507 - see attachment #2). A problem has arisen regarding the filing of Assuming Office Statements by newly-hired or appointed State Fund attorneys and claims adjusters. Since Disclosure Categories 6 and 7 require (on Assuming Office Statements) only the disclosure of investments in and positions held with persons or entities who have been the subject of legal work performed by an attorney or of claims adjusted by an adjuster, and since newly-hired or appointed attorneys or claims adjusters will not, as of the date of their appointment, have performed any legal work for the State Fund or adjusted any claims, there will be no identifiable population of legal files or claims files for the attorney or claims adjuster to check to see if he has any reportable investments or business positions. Under these circumstances, it is difficult to ascertain how (if at all) such a person could even file an Assuming Office Statement. Accordingly,

March 28, 1985  
Mr. John Keplinger, Executive Director  
Page 2

your advice is requested regarding the obligation of the filing officer (the State Fund's Personnel Services Manager) to require Assuming Office Statements from such persons, and with regard to the standards he should use in reviewing such Assuming Office Statements to see that they "conform on their face with the requirements of the Political Reform Act," as required by 2 Cal. Adm. C. §18115 (a)(2).

Your prompt reply to this request will be appreciated. Thank you.

Sincerely,

  
MICHAEL J. BRODIE  
Assistant Chief Counsel

MJB:kms  
Attachments

CH. 35 CONFLICT OF INTEREST CODE FOR THE  
STATE COMPENSATION INSURANCE FUND

52400 General Provisions

The Political Reform Act, Government Code Sections 81000, et seq., requires state and local government agencies to adopt and promulgate Conflict of Interest Codes. The Fair Political Practices Commission has adopted a regulation, 2 Cal. Adm. Code Section 18730, which contains the terms of a standard Conflict of Interest Code, which can be incorporated by reference, and which may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act after public notice and hearings. Therefore, the terms of 2 Cal. Adm. Code Section 18730 and any amendments to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference and, along with the attached Appendix in which officials and employees are designated and disclosure categories are set forth, constitute the Conflict of Interest Code of the State Compensation Insurance Fund.

Pursuant to Section 4(A) of the standard code, designated employees shall file statements of economic interests with their agency. Upon receipt of the statements of the Board of Directors, the agency shall make and retain a copy and forward the original of these statements to the Fair Political Practices Commission.

Note: The Political Reform Act consists of Sections 81000 through 91014 of the Government Code. The Political Reform Act was an initiative approved by the people on June 4, 1974 which became effective on January 7, 1975. The provisions of Section 18730 of Title 2 of the California Administrative Code, together with the two pages attached hereto, constitute the Conflict of Interest Code of the State Compensation Insurance Fund and provide the specific procedures to be followed in complying with the Political Reform Act.

APPENDIX

DESIGNATED EMPLOYEES

| <u>EMPLOYEE(S)</u>            | <u>DISCLOSURE CATEGORIES</u> |
|-------------------------------|------------------------------|
| Members of Board of Directors | 1, 2, 3, 4                   |
| President                     | 1, 2, 3, 4                   |
| Executive Vice-President      | 1, 2, 3, 4                   |
| Vice-President                | 1, 2, 3, 4                   |
| Chief Counsel                 | 1, 2, 3, 4, 6                |
| All Other Counsel             | 4, 6                         |
| District Manager              | 5, 7                         |
| Claims Manager                | 7                            |
| Assistant Claims Manager      | 7                            |
| Claims Adjuster               | 7                            |
| Investment Officer            | 3                            |
| Business Services Manager     | 4                            |
| Purchasing Manager            | 4                            |
| Buyer                         | 5                            |
| Real Property Manager         | 1, 5                         |
| Fiscal Services Manager       | 3                            |
| Corporate Planning Officer    | 2                            |
| Group Insurance Manager       | 5, 7                         |

DISCLOSURE CATEGORIES

Category 1

Interest in real property within two (2) miles of any real property owned or leased by State Compensation Insurance Fund.

Category 2

Investments in, income from, and positions held with business entities providing workers' compensation insurance coverage under the California Workers' Compensation Laws.

Category 3

Investments in, income from, and positions held with financial institutions or business entities of the type with which the State Compensation Insurance Fund has deposits or in which it makes investments.

Category 4

Investments in, income from, and positions held with business entities of the type which, within the past two years, have contracted with the State Compensation Insurance Fund to provide services, supplies, materials, machinery, or equipment. (As an aid to designated employees, the State Compensation Insurance Fund shall provide a list of vendors with whom it has transacted business during the twelve-month period preceding the disclosure statement filing date.)

Category 5

Investments in, income from, and positions held with business entities of the type which, within the past two years, have contracted with the State Compensation Insurance Fund to provide services, supplies, materials, machinery, or equipment which the filer has responsibility for purchasing. (As an aid to designated employees, the State Compensation Insurance Fund shall provide a list of vendors with whom it has transacted business during the twelve-month period preceding the disclosure statement filing date.)

Category 6

Investments in, income from, and positions held with business entities and persons who have, during the reporting period, been the subject of legal work performed by the filer in his/her capacity as an attorney for the State Compensation Insurance Fund.

Category 7

Investments in, income from, and positions held with business entities and persons whose claims have been adjusted by the filer during the reporting period. If the employee has not participated in an adjustment assignment during the course of the reporting period in which he or she has a financial interest, then the employee shall sign a statement to that effect under penalty of perjury. Such statement shall be filed and processed as though it were the disclosure statement required by Section 4(A) of the Standard Code. An employee who participated in an adjustment assignment in which he or she has a financial interest shall disclose that interest as described above, but such statement shall be delivered to the filing officer who will file the statement as a public record.

MODIFICATION TO STANDARD CONFLICT OF INTEREST CODE

Section 8 is modified by adding a paragraph following the last paragraph, to read as follows:

Four members of the Board of Directors of State Compensation Insurance Fund are required by law to be selected from its policyholders (Ins. C. §11770). For purposes of dividend decisions, these policyholders are deemed to constitute the public generally within the meaning of 2 Cal. Admin. Code § 18703(d).

### SCHEDULE C—INTERESTS IN REAL PROPERTY AND INVESTMENTS HELD BY BUSINESS ENTITIES

|  |  |  |      |
|--|--|--|------|
| NAME OF BUSINESS ENTITY OR TRUST HOLDING INVESTMENTS                 |  |  |      |
| NAME OF BUSINESS ENTITY  |  | VALUE<br><input type="checkbox"/> \$1,001-\$10,000<br><input type="checkbox"/> \$10,001-\$100,000<br><input type="checkbox"/> Over \$100,000 |      |
| NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST, ETC. |  |  |      |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY                             | <input type="checkbox"/> ACQUIRED<br><input type="checkbox"/> DISPOSED |  | DATE |

|  |      |  |
|--|------|--|
| NAME OF BUSINESS ENTITY OR TRUST HOLDING INTERESTS IN REAL PROPERTY    |      |  |
| STREET ADDRESS OR PRECISE LOCATION OF PROPERTY                         |      | VALUE<br><input type="checkbox"/> \$1,001-\$10,000<br><input type="checkbox"/> \$10,001-\$100,000<br><input type="checkbox"/> Over \$100,000 |
| NATURE OF INTEREST, E.G., EQUITY, OPTION                               |      |  |
| <input type="checkbox"/> ACQUIRED<br><input type="checkbox"/> DISPOSED | DATE |  |

### SCHEDULE D—INCOME; E—LOANS; F—GIFTS

Report gross income aggregating \$250 or more, loans aggregating \$250 or more and gifts aggregating \$50 or more received during the reporting period.

|  |  |   |
|--|--|---|
| NAME OF SOURCE OF INCOME                                       |  | AMOUNT<br><input type="checkbox"/> \$250-\$1,000<br><input type="checkbox"/> \$1,001-\$10,000<br><input type="checkbox"/> Over \$10,000 |
| ADDRESS OF SOURCE OF INCOME                                    |  |   |
| BUSINESS ACTIVITY OF SOURCE OF INCOME, IF ANY                  |  |   |
| DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED |  |   |

|  |   |  |
|--|---|--|
| NAME OF LENDER                                     |   | AMOUNT OF HIGHEST BALANCE<br><input type="checkbox"/> \$250-\$1,000<br><input type="checkbox"/> \$1,001-\$10,000<br><input type="checkbox"/> Over \$10,000 |
| ADDRESS OF LENDER                                  |   |  |
| BUSINESS ACTIVITY OF LENDER                        |   |  |
| SECURITY FOR LOAN<br><input type="checkbox"/> NONE | ENTIRE LOAN <input type="checkbox"/> REPAID | INTEREST RATE<br><input type="checkbox"/> NONE   |

|                                    |  |                        |
|------------------------------------|--|------------------------|
| NAME OF DONOR                      |  | DATE(S) OF GIFT(S)     |
| ADDRESS OF DONOR                   |  | VALUE OF GIFT(S)       |
| BUSINESS ACTIVITY OF DONOR, IF ANY |  | DESCRIPTION OF GIFT(S) |

### SCHEDULE G—BUSINESS POSITIONS

|  |                       |                            |  |
|--|-----------------------|----------------------------|--|
| NAME OF ENTITY   |                       | ADDRESS OF ENTITY          |  |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY   |                       | YOUR JOB TITLE OR POSITION |  |
| POSITION HELD THROUGH ENTIRE REPORTING PERIOD?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | POSITION COMMENCED ON | POSITION TERMINATED ON     |  |

### SCHEDULE H—INCOME AND LOANS TO BUSINESS ENTITIES

|   |  |                            |  |
|---|--|----------------------------|--|
| NAME OF BUSINESS ENTITY                                     |  | ADDRESS OF BUSINESS ENTITY |  |
| DESCRIPTION OF BUSINESS ACTIVITY OF BUSINESS ENTITY         |  |                            |  |
| NAMES OF SOURCES OF INCOME AND LOANS TO THE BUSINESS ENTITY |  |                            |  |
|   |  |                            |  |

**STATEMENT OF ECONOMIC INTERESTS  
FOR CLAIMS MANAGERS,  
ASSISTANT CLAIMS MANAGERS, CLAIMS ADJUSTERS  
AND VOCATIONAL REHABILITATION COUNSELORS**

Name \_\_\_\_\_ Location \_\_\_\_\_

Telephone Number \_\_\_\_\_ Position \_\_\_\_\_

**Type of Statement:**

**INITIAL STATEMENT:** I am filing for the first time. (Do not complete Schedules D-E-F-H. See instructions).

**ASSUMING OFFICE STATEMENT:** I have assumed office on \_\_\_\_\_  
(DATE)  
(Do not complete Schedules D-E-F-H. See instructions).

**ANNUAL STATEMENT:** I am required to file a Statement no later than \_\_\_\_\_ disclosing  
(DATE)  
all reportable interest held or received during the period from January 1, \_\_\_\_\_ through December 31, \_\_\_\_\_.

**LEAVING OFFICE STATEMENT:** I am leaving or have left my position on \_\_\_\_\_ and must file  
(DATE)  
a Statement within thirty days of that date. I must disclose all reportable interests held or received during the period from January 1, \_\_\_\_\_ through the date I left office.

The Conflict of Interest Code for the State Compensation Insurance Fund requires Claims Managers, Assistant Claims Managers, Claims Adjusters and Vocational Rehabilitation Counselors to disclose investments in, income (including gifts and loans) from, and positions held with business entities and persons whose claims have been adjusted by you during the reporting period.

If you have not participated in an adjustment assignment during the course of the reporting period in which you have a financial interest, then check the appropriate box below. No further disclosure need be made.

If you have participated in an adjustment assignment during the reporting period in which you have a financial interest, then check the appropriate box and complete the schedules that would apply.

I *did not* participate in an adjustment assignment during the course of the reporting period in which I have a financial interest.

I *did* participate in an adjustment assignment during the course of the reporting period in which I have a financial interest. Appropriate schedules are completed.

**VERIFICATION**

I declare under penalty of perjury that I have used all reasonable diligence in preparing this statement and to the best of my knowledge it is true and complete.

Executed on \_\_\_\_\_, 19\_\_\_\_\_, at \_\_\_\_\_

Signature \_\_\_\_\_

**SCHEDULE A—INVESTMENTS**

|   |  |   |   |
|---|--|---|---|
| NAME OF BUSINESS ENTITY   |  | VALUE   |   |
| NATURE OF INTERESTS, E.G., COMMON STOCK, PARTNERSHIP INTEREST, ETC. |  | <input type="checkbox"/> \$1,001-\$10,000<br><input type="checkbox"/> \$10,001-\$100,000<br><input type="checkbox"/> Over \$100,000 |   |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY                            | <input type="checkbox"/> ACQUIRED<br><input type="checkbox"/> DISPOSED | DATE  | OWNERSHIP INTEREST<br><input type="checkbox"/> Less than 10%<br><input type="checkbox"/> 10% or greater |

\*If you have checked this box, you should report on Schedule C any interests in real property or investments held by the entity if your pro rata share of the interests is more than \$1,000.

(SEE OVER)

## SCHEDULE C—INTERESTS IN REAL PROPERTY AND INVESTMENTS HELD BY BUSINESS ENTITIES

|  |  |  |      |
|--|--|--|------|
| NAME OF BUSINESS ENTITY OR TRUST HOLDING INVESTMENTS                   |  |  |      |
| NAME OF BUSINESS ENTITY  |  | VALUE<br><input type="checkbox"/> \$1,001-\$10,000<br><input type="checkbox"/> \$10,001-\$100,000<br><input type="checkbox"/> Over \$100,000 |      |
| NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST, ETC.   |  |  |      |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY                               | <input type="checkbox"/> ACQUIRED<br><input type="checkbox"/> DISPOSED |  | DATE |
| NAME OF BUSINESS ENTITY OR TRUST HOLDING INTERESTS IN REAL PROPERTY    |  |  |      |
| STREET ADDRESS OR PRECISE LOCATION OF PROPERTY                         |  | VALUE<br><input type="checkbox"/> \$1,001-\$10,000<br><input type="checkbox"/> \$10,001-\$100,000<br><input type="checkbox"/> Over \$100,000 |      |
| NATURE OF INTEREST, E.G., EQUITY, OPTION                               |  |  |      |
| <input type="checkbox"/> ACQUIRED<br><input type="checkbox"/> DISPOSED | DATE   |  |      |

## SCHEDULE D-INCOME; E-LOANS; F-GIFTS

Report gross income aggregating \$250 or more, loans aggregating \$250 or more and gifts aggregating \$50 or more received during the reporting period.

|  |  |   |
|--|--|---|
| NAME OF SOURCE OF INCOME                                       |  | AMOUNT<br><input type="checkbox"/> \$250-\$1,000<br><input type="checkbox"/> \$1,001-\$10,000<br><input type="checkbox"/> Over \$10,000 |
| ADDRESS OF SOURCE OF INCOME                                    |  |   |
| BUSINESS ACTIVITY OF SOURCE OF INCOME, IF ANY                  |  |   |
| DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED |  |   |

|                             |                               |  |               |                               |
|-----------------------------|-------------------------------|--|---------------|-------------------------------|
| NAME OF LENDER              |                               | AMOUNT OF HIGHEST BALANCE<br><input type="checkbox"/> \$250-\$1,000<br><input type="checkbox"/> \$1,001-\$10,000<br><input type="checkbox"/> Over \$10,000 |               |                               |
| ADDRESS OF LENDER           |                               |  |               |                               |
| BUSINESS ACTIVITY OF LENDER |                               |  |               |                               |
| SECURITY FOR LOAN           | <input type="checkbox"/> NONE | ENTIRE LOAN <input type="checkbox"/> REPAYED   | INTEREST RATE | <input type="checkbox"/> NONE |

|                                    |  |                        |
|------------------------------------|--|------------------------|
| NAME OF DONOR                      |  | DATE(S) OF GIFT(S)     |
| ADDRESS OF DONOR                   |  | VALUE OF GIFT(S)       |
| BUSINESS ACTIVITY OF DONOR, IF ANY |  | DESCRIPTION OF GIFT(S) |

## SCHEDULE G—BUSINESS POSITIONS

|  |                       |                            |  |
|--|-----------------------|----------------------------|--|
| NAME OF ENTITY   |                       | ADDRESS OF ENTITY          |  |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY   |                       | YOUR JOB TITLE OR POSITION |  |
| POSITION HELD THROUGH ENTIRE REPORTING PERIOD?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | POSITION COMMENCED ON | POSITION TERMINATED ON     |  |

## SCHEDULE H—INCOME AND LOANS TO BUSINESS ENTITIES

|   |  |                            |  |
|---|--|----------------------------|--|
| NAME OF BUSINESS ENTITY                                     |  | ADDRESS OF BUSINESS ENTITY |  |
| DESCRIPTION OF BUSINESS ACTIVITY OF BUSINESS ENTITY         |  |                            |  |
| NAMES OF SOURCES OF INCOME AND LOANS TO THE BUSINESS ENTITY |  |                            |  |
|   |  |                            |  |

**STATEMENT OF ECONOMIC INTERESTS  
FOR CLAIMS ADJUSTERS**

|   |                  |
|---|------------------|
| NAME                                      | POSITION         |
| STATE DEPARTMENT AND UNIT OR LOCAL AGENCY |                  |
| MAILING ADDRESS                           | TELEPHONE NUMBER |

- INITIAL STATEMENT:** The Conflict of Interest Code for your agency becomes effective on \_\_\_\_\_ (DATE)
  
- ASSUMING OFFICE STATEMENT:** You have assumed office on \_\_\_\_\_. You have no interests to report at this time. You will, on an annual basis, disclose those reportable interests in which you have participated in an adjustment assignment.
  
- ANNUAL STATEMENT:** You are required to file a Statement no later than \_\_\_\_\_ (DATE) disclosing all reportable interests held or received during the period from January 1, \_\_\_\_\_ through December 31, \_\_\_\_\_.
  
- LEAVING OFFICE STATEMENT:** You are leaving or have left your position on \_\_\_\_\_ (DATE) and must file a Statement within thirty days of that date. You must disclose all reportable interests held or received during the period from January 1, \_\_\_\_\_ through the date you left office.

The Conflict of Interest Code for the State Compensation Insurance Fund requires claims adjusters to disclose investments in, income (including gifts and loans) from, and positions held with, business entities and persons whose claims have been adjusted by you during the reporting period. If you have not participated in an adjustment assignment during the course of the reporting period in which you have a financial interest, then check the appropriate box below. No further disclosure need be made. If you have participated in an adjustment assignment during the reporting period in which you have a financial interest, then check the appropriate box and complete the schedules that would apply.

- ( ) I did not make or participate in an adjustment assignment during the course of the reporting period in which I have a financial interest.
  
- ( ) I did make or participate in an adjustment assignment during the course of the reporting period in which I have a financial interest. Appropriate schedules are completed.

**VERIFICATION**

**I declare under penalty of perjury that I have used all reasonable diligence in preparing this Statement, that I have reviewed the attached schedules and to the best of my knowledge the information provided in this Statement is true and correct.**

Executed on \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

# State of California



## Fair Political Practices Commission

P.O. BOX 807 • SACRAMENTO, 95804 ••• 1100 K STREET BUILDING, SACRAMENTO, 95814

Technical Assistance •• Administration •• Executive/Legal •• Enforcement  
(916) 322-5662 322-5660 322-5901 322-6441

April 15, 1985

Michael J. Brodie  
Assistant Chief Counsel  
State Compensation Insurance Fund  
P.O. Box 807  
San Francisco, CA 94101

Re: A-85-078

Dear Mr. Brodie:

Your letter requesting advice under the Political Reform Act has been referred to Robert Leidigh, an attorney in the Legal Division of the Fair Political Practices Commission. If you have any questions about your advice request, you may contact this attorney directly at (916) 322-5901.

We try to answer all advice requests promptly. Therefore, unless your request poses particularly complex legal questions, or unless more information is needed to answer your request, you should expect a response within 21 working days.

Very truly yours,

A handwritten signature in cursive script that reads "Barbara A. Milman" with a small flourish at the end.

Barbara A. Milman  
General Counsel

BAM:plh