

PENGAD 800-631-9989  
**EXHIBIT**  
43

SPACCA, PEN ANGELA #148

# PERSONNEL ACTION FORMS

## CITY OF BELL PERSONNEL ACTION REPORT

EMPL. No. <b>148</b>	LAST NAME FIRST MIDDLE <b>SPACCIA, PIER'ANGELA</b>	STREET [REDACTED]	APT.#	TELEPHONE [REDACTED]
DEPT. No. <b>100</b>	SOCIAL SECURITY NUMBER [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
DEPARTMENT <b>ADMINISTRATION</b>		EFFECTIVE DATE <b>JULY 1, 2009</b>	TENTATIVE EVALUATION DATE	

### APPOINTMENT

TITLE	STEP	B/L PAY <input type="checkbox"/>	ASSIGN PAY <input type="checkbox"/>	SALARY
		EDUC PAY <input type="checkbox"/>	OTHER <input type="checkbox"/>	\$
STATUS EMPLOYMENT: <input type="checkbox"/> NEW EMPLOYMENT <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME				

PROMOTION  DEMOTION  RECLASSIFICATION  TRANSFER

FROM:	TITLE	DEPARTMENT	STEP	B/L PAY <input type="checkbox"/>	ASSIGN. PAY <input type="checkbox"/>	SALARY
				EDUC. PAY <input type="checkbox"/>	OTHER <input type="checkbox"/>	\$
TO:	TITLE	DEPARTMENT	STEP	B/L PAY <input type="checkbox"/>	ASSIGN. PAY <input type="checkbox"/>	SALARY
				EDUC. PAY <input type="checkbox"/>	OTHER <input type="checkbox"/>	\$

SALARY  INCREASE  DECREASE

DATE OF LAST TYPE OF CHANGE <b>SEPTEMBER 1, 2008</b>	TITLE <b>ASSISTANT CAO</b>	<input type="checkbox"/> PERFORMANCE REVIEW	<input checked="" type="checkbox"/> OTHER
FROM: STEP	B/L PAY <input type="checkbox"/>	ASSIGN. PAY <input type="checkbox"/>	SALARY
	EDUC. PAY <input type="checkbox"/>	OTHER <input type="checkbox"/>	\$ <b>23,520.04</b>
TO: STEP	B/L PAY <input type="checkbox"/>	ASSIGN. PAY <input type="checkbox"/>	SALARY
	EDUC. PAY <input type="checkbox"/>	OTHER <input type="checkbox"/>	\$ <b>28,582.44</b>

### SEPARATION

TITLE	STEP	SALARY \$
<input type="checkbox"/> RETIREMENT <input type="checkbox"/> DECEASED <input type="checkbox"/> PROBATIONARY DISCHARGE <input type="checkbox"/> RESIGNATION <input type="checkbox"/> DISMISSAL <input type="checkbox"/> END OF TEMPORARY WORK		DURATION OF EMPLOYMENT FROM: THRU:

REMARKS:	ALLOCATION:	ACCOUNT NUMBER	PERCENTAGE
Salary Increase	▶ BASE SALARY	\$ <u>28,582.44</u>	08-525-5018-0110 5 %
	▶ BILINGUAL PAY	\$ _____	09-525-5019-0110 5 %
	▶ EDUCATION PAY	\$ _____	10-525-5039-0110 5 %
	▶ ASSIGNMENT PAY	\$ _____	45-525-3740-0110 5 %
	▶ AUTO ALLOWANCE	\$ _____	85-521-1100-0110 80 %
	▶ OTHER	\$ _____	_____ %
	TOTAL	\$ <u>28,582.44</u>	_____ %
			TOTAL 100 %

APPROVAL OF DEPARTMENT HEAD	DATE	APPROVAL OF CHIEF ADMINISTRATIVE SVCS. DEP.	DATE
		<i>[Signature]</i>	9/16/09
APPROVAL OF PERSONNEL OFFICER	DATE	APPROVAL OF CHIEF ADMINISTRATIVE OFFICER	DATE
<i>[Signature]</i>	9/17/09	<i>[Signature]</i>	9/16/09

## CITY OF BELL PERSONNEL ACTION REPORT

EMPL. No. <b>148</b>	LAST NAME <b>SPACCIA, PIER'ANGELA</b>	FIRST	MIDDLE	STREET	APT.#	TELEPHONE
DEPT. No. <b>100</b>	SOCIAL SECURITY NUMBER			CITY	STATE	DATE OF BIRTH <b>09-19-58</b>
DEPARTMENT <b>ADMINISTRATION</b>		EFFECTIVE DATE <b>September 1, 2008</b>		TENTATIVE EVALUATION DATE		

### APPOINTMENT

TITLE	STEP	B/L PAY <input type="checkbox"/>	ASSIGN PAY <input type="checkbox"/>	SALARY
		EDUC PAY <input type="checkbox"/>	OTHER <input type="checkbox"/>	\$
STATUS EMPLOYMENT: <input type="checkbox"/> NEW EMPLOYMENT <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME				

PROMOTION  DEMOTION  RECLASSIFICATION  TRANSFER

FROM:	TITLE	DEPARTMENT	STEP	B/L PAY <input type="checkbox"/>	ASSIGN. PAY <input type="checkbox"/>	SALARY
				EDUC. PAY <input type="checkbox"/>	OTHER <input type="checkbox"/>	\$
TO:	TITLE	DEPARTMENT	STEP	B/L PAY <input type="checkbox"/>	ASSIGN. PAY <input type="checkbox"/>	SALARY
				EDUC. PAY <input type="checkbox"/>	OTHER <input type="checkbox"/>	\$

SALARY  INCREASE  DECREASE

DATE OF LAST TYPE OF CHANGE <b>7/1/08 SALARY INCREASE</b>	TITLE <b>ASSISTANT CAO</b>	<input type="checkbox"/> PERFORMANCE REVIEW	<input checked="" type="checkbox"/> OTHER
FROM: STEP	B/L PAY <input type="checkbox"/>	ASSIGN. PAY <input type="checkbox"/>	SALARY
	EDUC. PAY <input type="checkbox"/>	OTHER <input type="checkbox"/>	\$ <b>21,266.70</b>
TO: STEP	B/L PAY <input type="checkbox"/>	ASSIGN. PAY <input type="checkbox"/>	SALARY
	EDUC. PAY <input type="checkbox"/>	OTHER <input type="checkbox"/>	\$ <b>25,520.04</b>

### SEPARATION

TITLE	STEP	SALARY	\$
<input type="checkbox"/> RETIREMENT <input type="checkbox"/> DECREASED <input type="checkbox"/> PROBATIONARY DISCHARGE <input type="checkbox"/> RESIGNATION <input type="checkbox"/> DISMISSAL <input type="checkbox"/> END OF TEMPORARY WORK		DURATION OF EMPLOYMENT FROM: THRU:	

REMARKS: <b>Salary Increase</b>	ALLOCATION:	ACCOUNT NUMBER	PERCENTAGE
	▶ BASE SALARY \$ <b>25,520.04</b>	<b>08-525-5018-0110</b>	<b>5</b> %
	▶ BILINGUAL PAY \$ _____	<b>09-525-5019-0110</b>	<b>5</b> %
	▶ EDUCATION PAY \$ _____	<b>10-525-5039-0110</b>	<b>5</b> %
	▶ ASSIGNMENT PAY \$ _____	<b>20-525-0100-0110</b>	<b>10</b> %
	▶ AUTO ALLOWANCE \$ _____	<b>45-525-3740-0110</b>	<b>5</b> %
	▶ OTHER \$ _____	<b>85-521-1000-0110</b>	<b>70</b> %
	TOTAL \$ <b>25,520.04</b>		
		TOTAL	<b>100</b> %

APPROVAL OF DEPARTMENT HEAD	DATE	APPROVAL OF CHIEF ADMINISTRATIVE SVCS. DEP	DATE
		<i>[Signature]</i>	<b>10/3/08</b>
APPROVAL OF PERSONNEL OFFICER	DATE	APPROVAL OF CHIEF ADMINISTRATIVE OFFICER	DATE
<i>[Signature]</i>	<b>10-2-08</b>	<i>[Signature]</i>	<b>10/2/08</b>



## CITY OF BELL PERSONNEL ACTION REPORT

EMPL. No. <b>148</b>	LAST NAME <b>SPACCIA, PIER'ANGELA</b>	FIRST <b>PIER'ANGELA</b>	MIDDLE <b>ANGELA</b>	STREET [REDACTED]	APT#	TELEPHONE
DEPT. No. <b>100</b>	SOCIAL SECURITY NUMBER [REDACTED]			CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
						DATE OF BIRTH <b>09-19-58</b>

DEPARTMENT <b>ADMINISTRATION</b>	EFFECTIVE DATE <b>JULY 1, 2007</b>	TENTATIVE EVALUATION DATE
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### APPOINTMENT

TITLE	STEP	B/L PAY <input type="checkbox"/>	ASSIGN PAY <input type="checkbox"/>	SALARY
		EDUC PAY <input type="checkbox"/>	OTHER <input type="checkbox"/>	\$

STATUS EMPLOYMENT:     NEW EMPLOYMENT     FULL TIME     PART TIME

PROMOTION     DEMOTION     RECLASSIFICATION     TRANSFER

FROM:	TITLE	DEPARTMENT	STEP	B/L PAY <input type="checkbox"/>	ASSIGN. PAY <input type="checkbox"/>	SALARY
				EDUC. PAY <input type="checkbox"/>	OTHER <input type="checkbox"/>	\$
TO:	TITLE	DEPARTMENT	STEP	B/L PAY <input type="checkbox"/>	ASSIGN. PAY <input type="checkbox"/>	SALARY
				EDUC. PAY <input type="checkbox"/>	OTHER <input type="checkbox"/>	.\$

**SALARY**     INCREASE     DECREASE

DATE OF LAST TYPE OF CHANGE <b>7/1/06 SALARY INCREASE</b>	TITLE <b>ASSISTANT CAO</b>	<input type="checkbox"/> PERFORMANCE REVIEW <input checked="" type="checkbox"/> OTHER					
FROM: STEP	B/L PAY <input type="checkbox"/>	ASSIGN. PAY <input type="checkbox"/>	SALARY	TO: STEP	B/L PAY <input type="checkbox"/>	ASSIGN. PAY <input type="checkbox"/>	SALARY
	EDUC. PAY <input type="checkbox"/>	OTHER <input type="checkbox"/>	\$ <b>17,516.74</b>		EDUC. PAY <input type="checkbox"/>	OTHER <input type="checkbox"/>	\$ <b>19,600.01</b>

### SEPARATION

TITLE	STEP	SALARY
		\$

<input type="checkbox"/> RETIREMENT <input type="checkbox"/> DECEASED <input type="checkbox"/> PROBATIONARY DISCHARGE <input type="checkbox"/> RESIGNATION <input type="checkbox"/> DISMISSAL <input type="checkbox"/> END OF TEMPORARY WORK	DURATION OF EMPLOYMENT FROM:    THRU:
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<b>REMARKS:</b> Annual Salary Increase	<b>ALLOCATION:</b> ► BASE SALARY    \$ <u>19,600.01</u> ► BILINGUAL PAY    \$ _____ ► EDUCATION PAY    \$ _____ ► ASSIGNMENT PAY    \$ _____ ► AUTO ALLOWANCE    \$ _____ ► OTHER    \$ _____ TOTAL    \$ <u>19,600.01</u>	<table style="width: 100%;"> <tr> <th>ACCOUNT NUMBER</th> <th>PERCENTAGE</th> </tr> <tr> <td>08-525-5018-0110</td> <td>5 %</td> </tr> <tr> <td>09-525-5019-0110</td> <td>5 %</td> </tr> <tr> <td>10-525-5039-0110</td> <td>5 %</td> </tr> <tr> <td>20-525-0100-0110</td> <td>10 %</td> </tr> <tr> <td>45-525-3740-0110</td> <td>5 %</td> </tr> <tr> <td>85-521-1000-0110</td> <td>70 %</td> </tr> <tr> <td>TOTAL</td> <td>100 %</td> </tr> </table>	ACCOUNT NUMBER	PERCENTAGE	08-525-5018-0110	5 %	09-525-5019-0110	5 %	10-525-5039-0110	5 %	20-525-0100-0110	10 %	45-525-3740-0110	5 %	85-521-1000-0110	70 %	TOTAL	100 %
ACCOUNT NUMBER	PERCENTAGE																	
08-525-5018-0110	5 %																	
09-525-5019-0110	5 %																	
10-525-5039-0110	5 %																	
20-525-0100-0110	10 %																	
45-525-3740-0110	5 %																	
85-521-1000-0110	70 %																	
TOTAL	100 %																	

APPROVAL OF DEPARTMENT HEAD	DATE	APPROVAL OF CHIEF ADMINISTRATIVE SVCS. DEP.	DATE
		<i>[Signature]</i>	10/31/07
APPROVAL OF PERSONNEL OFFICER	DATE	APPROVAL OF CHIEF ADMINISTRATIVE OFFICER	DATE
<i>[Signature]</i>	10/20/07	<i>[Signature]</i>	10/30/07

## ADDENDUM NUMBER TWO TO AGREEMENT

**THIS SECOND ADDENDUM TO AGREEMENT FOR EMPLOYMENT, ("Agreement") is made this 1st day of July, 2005, by and between the CITY OF BELL, a general law city (the "City") and Pirangala Spasica, an individual (the "Employee") pursuant to the following terms and conditions:**

### RECITALS

- A. The City is a general law city located in the County of Los Angeles, State of California; and
- B. The City desires the employment for services of Employee as the Assistant to the Chief Administrative Officer of City; and
- C. City desires to adjust the Agreement as provided in Section 5 of this Agreement.
- D. City desires to adjust the Agreement as provided in Section 6 of this Agreement.

**NOW, THEREFORE, CITY AND EMPLOYEE agree to the following:**

1. Basic Salary. Section 5 is hereby modified to provide that the Basic Salary of Employee shall be adjusted as follows:

- a. Effective July 1, 2005, \$7,115.40 per pay period.
- b. Effective July 1, 2006, \$7,884.65 per pay period.
- c. Effective July 1, 2007, \$8,846.16 per pay period. + \$200 = \$9046.16
- d. Effective July 1, 2008, \$9,615.40 per pay period.

Each adjustment to the Basic Salary as provided in this Section shall be subject to the condition that the City's Audited Statement of the General Fund Balance for the immediate past fiscal year prior to the adjustment evidences a positive cash position. In the event said Fund Balance for such fiscal year results in a negative cash position, the salary adjustment provided herein shall not take effect and Employee shall receive the previous amount of Basic Salary in effect prior to the adjustment as provided in the Agreement.

2. Employment Fringe Benefits. Section 6 is hereby modified to provide that the Employment Fringe Benefits of Employee shall be adjusted as follows:

- a. Employee shall, as of the effective date of this Agreement, accrue vacation leave as an unrepresented employee, in such amounts commensurate with the Employee's PERS service credit.

*must  
approve  
etc*

**ADDENDUM NUMBER THREE TO AGREEMENT**

**THIS THIRD ADDENDUM TO AGREEMENT FOR EMPLOYMENT, ("Agreement") is made this 1st day of July, 2006, by and between the CITY OF BELL, a charter city (the "City") and Pierangela Spaccia, an individual (the "Employee") pursuant to the following terms and conditions:**

**RECITALS**

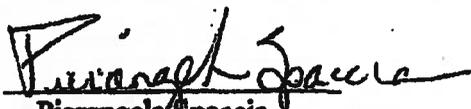
- A. The City is a charter city located in the County of Los Angeles, State of California; and**
- B. The City desires the employment for services of Employee as the Assistant to the Chief Administrative Officer of City; and**
- C. City desires to adjust the Agreement as provided in Sections 4 and 5 of this Agreement.**

**NOW, THEREFORE, CITY AND EMPLOYEE agree to the following:**

- 1. Section 4 is hereby modified to replace 4(d) with the following:**
  - d. By the City without cause upon giving thirty (30) days written notice to Employee of the termination of this Agreement. In the event of such termination, Employee shall receive a payment equal to the maximum severance allowance under California Government Code, Sections 53260 -- 53264.**
- 2. Section 5 is hereby modified to provide that the basic salary shall include an additional \$200.00 per pay period, and is hereby modified to include her funding of the Governmental Money Purchase Plan (401a).**
- 3. City and Employee hereby acknowledge and agree that except as expressly modified by this Third Addendum, the Agreement is in full force and effect. All capitalized terms not specifically defined herein, shall have the same meaning ascribed to them in the Agreement.**

**IN WITNESS WHEREOF, the parties have caused this Agreement for Employment to be executed as follows:**

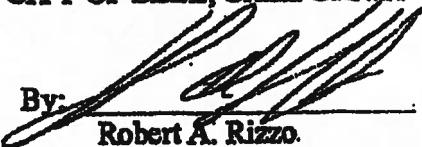
**"Employee"**

By:   
Pierangela Spaccia

**Attest:**

By:   
Rebecca Valdez, City Clerk

("City")  
CITY OF BELL, CALIFORNIA

By:   
Robert A. Rizzo  
Chief Administrative Officer







## CITY OF BELL PERSONNEL ACTION REPORT

EMPL. No. <b>148</b>	LAST NAME <b>SPACCIA, PIER'ANGELA</b>	FIRST	MIDDLE	STREET	APT.#	TELEPHONE
DEPT. No. <b>100</b>	SOCIAL SECURITY NUMBER	CITY		STATE	ZIP CODE	DATE OF BIRTH <b>09-19-58</b>

DEPARTMENT <b>ADMINISTRATION</b>	EFFECTIVE DATE <b>JULY 1, 2004</b>	TENTATIVE EVALUATION DATE
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### APPOINTMENT

TITLE	STEP	B/L PAY <input type="checkbox"/>	ASSIGN PAY <input type="checkbox"/>	SALARY
		EDUC PAY <input type="checkbox"/>	OTHER <input type="checkbox"/>	\$

STATUS EMPLOYMENT:     NEW EMPLOYMENT                       FULL TIME                       PART TIME

PROMOTION     DEMOTION     RECLASSIFICATION     TRANSFER

FROM:	TITLE	DEPARTMENT	STEP	B/L PAY <input type="checkbox"/>	ASSIGN. PAY <input type="checkbox"/>	SALARY
				EDUC. PAY <input type="checkbox"/>	OTHER <input type="checkbox"/>	\$
TO:	TITLE	DEPARTMENT	STEP	B/L PAY <input type="checkbox"/>	ASSIGN. PAY <input type="checkbox"/>	SALARY
				EDUC. PAY <input type="checkbox"/>	OTHER <input type="checkbox"/>	\$

SALARY     INCREASE     DECREASE

DATE OF LAST TYPE OF CHANGE <b>JULY 1, 2003-INCREASE</b>	TITLE <b>ASSIST. TO THE CAO</b>	<input type="checkbox"/> PERFORMANCE REVIEW	<input checked="" type="checkbox"/> OTHER
FROM: STEP	B/L PAY <input type="checkbox"/> ASSIGN. PAY <input type="checkbox"/> SALARY	TO: STEP	B/L PAY <input type="checkbox"/> ASSIGN. PAY <input type="checkbox"/> SALARY
	EDUC. PAY <input type="checkbox"/> OTHER <input type="checkbox"/> \$ <b>8,525.83</b>		EDUC. PAY <input type="checkbox"/> OTHER <input type="checkbox"/> \$ <b>10,833.33</b>

### SEPARATION

TITLE	STEP	SALARY \$
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<input type="checkbox"/> RETIREMENT <input type="checkbox"/> DECEASED <input type="checkbox"/> PROBATIONARY DISCHARGE <input type="checkbox"/> RESIGNATION <input type="checkbox"/> DISMISSAL <input type="checkbox"/> END OF TEMPORARY WORK	DURATION OF EMPLOYMENT FROM:                      THRU:
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REMARKS:	ALLOCATION:	ACCOUNT NUMBER	PERCENTAGE
	▶ BASE SALARY                      \$ <u>10,833.33</u>	<u>86-521-2000-0110</u>	50 %
	▶ BILINGUAL PAY                      \$ _____	<u>87-521-2000-0110</u>	50 %
	▶ EDUCATION PAY                      \$ _____		%
	▶ ASSIGNMENT PAY                      \$ _____		%
	▶ AUTO ALLOWANCE                      \$ _____		%
	▶ OTHER                                      \$ _____		%
	TOTAL    \$ <u>10,833.33</u>		%
		TOTAL	100 %

APPROVAL OF DEPARTMENT HEAD	DATE	APPROVAL OF FUNDS-FINANCIAL DEPT.	DATE
<i>[Signature]</i>		<i>[Signature]</i>	<b>8/25/04</b>
APPROVAL OF PERSONNEL OFFICER	DATE	APPROVAL OF CHIEF ADMINISTRATIVE OFFICER	DATE
<i>[Signature]</i>		<i>[Signature]</i>	<b>8/25/04</b>

## CITY OF BELL PERSONNEL ACTION REPORT

EMPL No <b>148</b>	LAST NAME FIRST MIDDLE <b>SPACCIA, PIERANGELA</b>	STREET [REDACTED]	Apt. #	TELEPHONE
DEPT No <b>100</b>	SOCIAL SECURITY NUMBER [REDACTED]	CITY	STATE	ZIP CODE
				DATE OF BIRTH <b>09-19-58</b>
DEPARTMENT <b>ADMINISTRATION</b>		EFFECTIVE DATE <b>JULY 1, 2003</b>	NEXT EVALUATION	

### APPOINTMENT

CLASS TITLE <b>ASSISTANT TO THE CHIEF ADMINISTRATIVE OFFICER</b>	STEP	SALARY <b>\$8,525.83</b>
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STATUS EMPLOYMENT:     NEW EMPLOYMENT     FULL TIME     PART-TIME

PROMOTION    DEMOTION    RECLASSIFICATION    TRANSFER

FROM:	CLASS TITLE	DEPARTMENT	STEP	SALARY
TO:	CLASS TITLE	DEPARTMENT	STEP	SALARY

**SALARY**    INCREASE    DECREASE

DATE AND TYPE OF LAST CHANGE	CLASS TITLE	<input type="checkbox"/> PERFORMANCE REVIEW <input type="checkbox"/> OTHER
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EMPLOYEE'S PERFORMANCE IS:

UNSATISFACTORY   
  REQUIRES IMPROVEMENT   
  EFFECTIVE-MEETS STANDARDS   
  EXCELLENT EXCEEDS STANDARDS

FROM:	STEP	SALARY	TO:	STEP	SALARY
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### SEPARATION

CLASS TITLE	STEP	SALARY
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<input type="checkbox"/> RETIREMENT <input type="checkbox"/> DECEASED <input type="checkbox"/> PROBATION PROBATIONARY DISCHARGE <input type="checkbox"/> RESIGNATION <input type="checkbox"/> DISMISSAL <input type="checkbox"/> END OF TEMPORARY WORK	DURATION OF EMPLOYMENT FROM: _____ THRU: _____
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### SALARY DISTRIBUTION

REMARKS:	ALLOCATION:	ACCOUNT NUMBER	PERCENTAGE
	▶ SALARY \$ <u>8,525.83</u>	<u>86-521-2000-0110</u>	<u>50</u> %
	▶ BILINGUAL PAY \$ _____	<u>87-521-2000-0110</u>	<u>50</u> %
	▶ EDUCATION \$ _____		_____ %
	▶ DIFFERENTIAL \$ _____		_____ %
	▶ AUTO ALLOW. \$ _____		_____ %
	▶ OTHER \$ _____		_____ %
	TOTAL \$ <u>8,525.83</u>	TOTAL	<u>100</u> %

APPROVAL OF DEPARTMENT HEAD	DATE	AVAILABILITY OF FUNDS-FINANCE DEPT.	DATE
<i>[Signature]</i>		<i>[Signature]</i>	<b>4/26/03</b>
APPROVAL OF CHIEF ADMINISTRATIVE OFFICER	DATE	APPROVAL OF CHIEF ADMINISTRATIVE OFFICER	DATE
<i>[Signature]</i>	<b>6/12/03</b>	<i>[Signature]</i>	<b>6/12/03</b>

**PERFORMANCE  
DOCUMENTS**

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**Authorizations for Step  
Increase/Dept Head Memos**

### ADDENDUM NUMBER THREE TO AGREEMENT

**THIS THIRD ADDENDUM TO AGREEMENT FOR EMPLOYMENT, ("Agreement") is made this 1st day of July, 2006, by and between the CITY OF BELL, a charter city (the "City") and Pierangela Spaccia, an individual (the "Employee") pursuant to the following terms and conditions:**

#### RECITALS

- A. The City is a charter city located in the County of Los Angeles, State of California; and
- B. The City desires the employment for services of Employee as the Assistant to the Chief Administrative Officer of City; and
- C. City desires to adjust the Agreement as provided in Sections 4 and 5 of this Agreement.

**NOW, THEREFORE, CITY AND EMPLOYEE agree to the following:**

1. Section 4 is hereby modified to replace 4(d) with the following:

- d. By the City without cause upon giving thirty (30) days written notice to Employee of the termination of this Agreement. In the event of such termination, Employee shall receive a payment equal to the maximum severance allowance under California Government Code, Sections 53260 - 53264.

2. Section 5 is hereby modified to provide that the basic salary shall include an additional \$200.00 per pay period, and is hereby modified to include her filing of the Governmental Money Purchase Plan (401a).

3. City and Employee hereby acknowledge and agree that except as expressly modified by this Third Addendum, the Agreement is in full force and effect. All capitalized terms not specifically defined herein, shall have the same meaning ascribed to them in the Agreement.

**IN WITNESS WHEREOF, the parties have caused this Agreement for Employment to be executed as follows:**

"Employee"

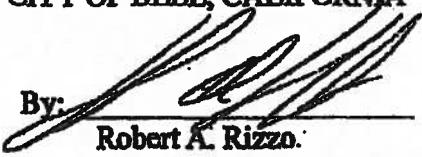
By: \_\_\_\_\_

Pierangela Spaccia

Attest:

By:   
Rebecca Valdez, City Clerk

("City")  
CITY OF BELL, CALIFORNIA

By:   
Robert A. Rizzo  
Chief Administrative Officer

**ADDENDUM NUMBER TWO TO AGREEMENT**

**THIS SECOND ADDENDUM TO AGREEMENT FOR EMPLOYMENT, ("Agreement") is made this 1st day of July, 2005, by and between the CITY OF BELL, a general law city (the "City") and Pierangela Spaccia, an individual (the "Employee") pursuant to the following terms and conditions:**

**RECITALS**

- A. The City is a general law city located in the County of Los Angeles, State of California; and**
- B. The City desires the employment for services of Employee as the Assistant to the Chief Administrative Officer of City; and**
- C. City desires to adjust the Agreement as provided in Section 5 of this Agreement.**
- D. City desires to adjust the Agreement as provided in Section 6 of this Agreement.**

**NOW, THEREFORE, CITY AND EMPLOYEE agree to the following:**

**1. Basic Salary. Section 5 is hereby modified to provide that the Basic Salary of Employee shall be adjusted as follows:**

- a. Effective July 1, 2005, \$7,115.40 per pay period.**
- b. Effective July 1, 2006, \$7,884.65 per pay period.**
- c. Effective July 1, 2007, \$8,846.16 per pay period.**
- d. Effective July 1, 2008, \$9,615.40 per pay period.**

**Each adjustment to the Basic Salary as provided in this Section shall be subject to the condition that the City's Audited Statement of the General Fund Balance for the immediate past fiscal year prior to the adjustment evidences a positive cash position. In the event said Fund Balance for such fiscal year results in a negative cash position, the salary adjustment provided herein shall not take effect and Employee shall receive the previous amount of Basic Salary in effect prior to the adjustment as provided in the Agreement.**

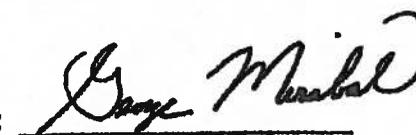
**2. Employment Fringe Benefits. Section 6 is hereby modified to provide that the Employment Fringe Benefits of Employee shall be adjusted as follows:**

- a. Employee shall, as of the effective date of this Agreement, accrue vacation leave as an unrepresented employee, in such amounts commensurate with the Employee's PERS service credit.**

3. City and Employee hereby acknowledge and agree that except as expressly modified by this Second Addendum, the Agreement is in full force and effect. All capitalized terms not specifically defined herein, shall have the same meaning ascribed to them in the Agreement.

IN WITNESS WHEREOF, the parties have caused this Agreement for Employment to be executed as follows:

("City")  
CITY OF BELL, CALIFORNIA

By:   
George Mirabal, Mayor

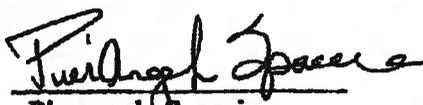
Attest:

By:   
Rebecca Valdez, City Clerk

Approved as to Form:  
City Attorney

By: 

"Employee"

By:   
Pierangela Spaccia

**ADDENDUM NUMBER ONE TO AGREEMENT**

**THIS FIRST ADDENDUM TO AGREEMENT FOR EMPLOYMENT, ("Agreement") is made this 1st day of July, 2004, by and between the CITY OF BELL, a general law city (the "City") and Pierangela Spaccia, an individual (the "Employee") pursuant to the following terms and conditions:**

**RECITALS**

- A. The City is a general law city located in the County of Los Angeles, State of California; and**
- B. The City desires the employment for services of Employee as the Assistant to the Chief Administrative Officer of City; and**
- C. City desires to adjust the Agreement as provided in Section 5 of this Agreement.**

**NOW, THEREFORE, CITY AND EMPLOYEE agree to the following:**

- 1. Basic Salary. Section 5 of the Agreement is hereby modified as follows:**

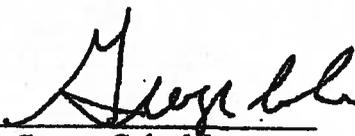
**Employee salary shall increase \$1,065.00 per pay period commencing from the effective date of the Addendum as written above, subject to the condition that the City's Audited Statement of the General Fund Balance for the immediate past fiscal year prior to the adjustment evidences a positive cash position. In the event said Fund Balance for such fiscal year results in a negative cash position, the salary adjustment provided herein may be rescinded by the City Council in its sole discretion, and Employee shall receive the previous amount of Basic Salary in effect prior to the adjustment as provided in the Agreement.**

- 2. City and Employee hereby acknowledge and agree that except as expressly modified by this First Addendum, the Agreement is in full force and effect. All capitalized terms not specifically defined herein, shall have the same meaning ascribed to them in the Agreement.**

**IN WITNESS WHEREOF, the parties have caused this Agreement for Employment to be executed as follows:**

**("City")  
CITY OF BELL, CALIFORNIA**

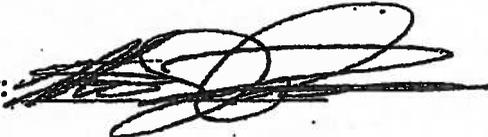
By:

  
George Cole, Mayor

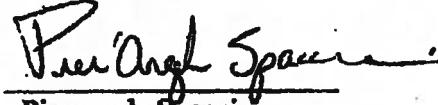
Attest:

By:   
Theresa Diaz, City Clerk

Approved as to Form:  
City Attorney

By: 

"Employee"

By:   
Pierangela Spaccia

## AGREEMENT

**THIS AGREEMENT FOR EMPLOYMENT, ("Agreement") is made this 1st day of July, 2003, by and between the CITY OF BELL, a general law city (the "City") and Pierangela Spaccia, an individual (the "Employee") pursuant to the following terms and conditions:**

### RECITALS

- A. The City is a general law city located in the County of Los Angeles, State of California; and**
- B. The City desires the employment for services of Employee as the Assistant to the Chief Administrative Officer of City; and**
- C. City and Employee desire to provide for certain procedures, benefits and requirements regarding the employment of the Assistant to the Chief Administrative Officer; and**
- D. Employee is willing to work as Assistant to the Chief Administrative Officer of City under the terms and conditions recited herein,**

**NOW, THEREFORE, CITY AND EMPLOYEE agree to the following:**

#### **Section 1. Novation**

**The parties hereto intend by the execution of this Agreement to terminate and replace all prior and written agreement existing by and between the parties, through and including the effective date of this Agreement.**

#### **Section 2. Conditions of Employment**

**It is the intention of the parties that from and after the effective date of this Agreement that the terms and conditions of Employee's employment as Assistant to the Chief Administrative Officer shall be governed exclusively by the provisions of this Agreement and applicable provisions of law.**

#### **Section 3. Duties**

**City agrees to retain Employee as the Assistant to the Chief Administrative Officer of City to have and exercise all of the powers, duties and responsibilities as Assistant to the Chief Administrative Officer as set forth in the Bell Municipal Code and other applicable laws and regulations, and to perform such other proper duties as assigned by the Chief Administrative Officer (CAO) of the City.**

#### **Section 4. Termination**

The parties hereto may terminate this Agreement prior to the end of the Term, or any renewal period thereafter, in one of the following ways:

- a. By mutual agreement of the parties; or
- b. By the death or retirement of Employee; or
- c. Employee is terminated for cause as a result of a conviction of a felony or for a crime involving moral turpitude. For purposes of this Agreement, the City shall have the burden of establishing by a preponderance of evidence that Employee was convicted of a felony or a crime of moral turpitude.
- d. By the City without cause upon giving thirty (30) days written notice to Employee of the termination of this Agreement. In the event of such termination, Employee shall be entitled to receive a payment in the sum calculated at three times the then monthly salary of Employee.

Upon termination by either party for whatever reason, Employee shall be entitled to receive an amount equal to all accrued and unused sick and vacation leave to which Employee is entitled pursuant to the terms of this Agreement, which shall be calculated in accordance with the adopted and approved policies of the City as of the date of termination and at the applicable rate of pay as earned and accrued.

#### **Section 5. Basic Salary**

Employee shall be paid a basic salary of \$3,935.00 per pay period (hereinafter the "Basic Salary"). The Basic Salary may be adjusted by the City Council, in its sole discretion, on or before each anniversary date of this Agreement.

#### **Section 6. Employment Fringe Benefits**

Employee shall be entitled to the following Fringe Benefits in accordance with this Agreement:

- a. City agrees at its sole expense to provide Employee and her dependents with the opportunity to obtain all insurance benefits provided to the City's unrepresented management employees, including but not limited to, dental, medical, and vision plans; and
- b. Employee shall be maintained by the City as a member of PERS pursuant to the contract between PERS and the City, as it now exists or may hereafter be amended, provided all Employee's costs to maintain such membership in said PERS shall be paid by the City; and
- c. Employee shall, as of the effective date of this Agreement, accrue vacation leave and sick leave in such amounts as a new unrepresented employee.

- d. City may pay annual professional dues and fees on behalf of employee approved annually in the City budget by the City Council commencing July 1, 2003.

#### **Section 7. Expense Reimbursement**

Employee shall be entitled to reimbursement for actual expenses incurred by her in the performance of her duties as Assistant to the Chief Administrative Officer of City. All such expenses shall be reviewed and approved by the CAO or shall be paid pursuant to policies and or directives heretofore or hereafter issued by the City Council relating to such reimbursement.

#### **Section 8. Indemnification**

City shall defend, hold harmless and indemnify Employee against any claim, demand, judgment or action, of any type or kind, arising out of any act or failure to act, by Employee, if such act or failure to act was within the course and scope of Employee's employment. City may compromise and settle any such claim or suit provided City shall bear the entire cost of any such settlement.

#### **Section 9. No Reduction of Benefits**

City shall not at any time during the Term of this Agreement reduce Employee's Basic Salary or Fringe Benefits package to which Employee is entitled as provided in accordance with this Agreement, unless an identical across-the-board reduction in compensation and benefits is ordered for all other employees of City.

#### **Section 10. Effect of Agreement**

The execution of this Agreement shall not operate as a waiver of any claims either party hereto may have against the other party arising out of their prior relationship of employer-employee.

#### **Section 11. Employee Evaluation**

Subject to the CAO providing a recommendation and draft performance evaluation of Assistant to the Chief Administrative Officer to the City Council on or before August 1 of each year (commencing August 1, 2003) of the Term, the City Council shall annually conduct an evaluation of the performance of Employee as Assistant to the Chief Administrative Officer. Employee shall be fully informed of the details of such evaluation and shall have a reasonable opportunity to present his views, with reference to such evaluation, to the City Council. All materials and comments made as part of the evaluation process shall be and remain confidential.

## **Section 12. Outside Employment**

- a. During the Term of this Agreement, Employee shall not engage in any outside employment of any kind without the prior written consent of the CAO, and approval of the City Council. This shall be at the sole discretion of the City Council whether to grant or deny such consent, provided there is no conflict of interest of Employee due to such outside employment.
- b. Employee, after the termination of her employment or term of office, shall not for compensation during a period of two (2) years from the date of termination of employment, represent, aid, advise, counsel, consult or assist in representing any other person (other than City), before any court or public agency or any officer or employee thereof by making any formal or informal appearance, or by making any oral or written communication with the intent to influence, in connection with any proceeding if both of the following apply:
  - 1) The City of Bell or affiliated public entity, is a party or has a direct and substantial interest.
  - 2) The proceeding is one in which Employee formerly participated.

## **Section 13. Notices**

Any notice required or permitted by this Agreement shall be in writing and shall be personally served upon the party to be notified, or shall be deposited in the custody of the United States Postal Service, or its successor, postage prepaid, and addressed as follows:

To City:                      City of Bell  
6330 Pine Avenue  
Bell, California 90201  
Attn: CAO

To Employee:                Pierangela Spaccia  
At her home address, which shall be  
maintained on file with the City Clerk.

Notices shall be deemed given as of the date of personal service of five (5) consecutive calendar days following deposit of the same in the custody of the United States Postal Service.

## **Section 14. Binding Effect**

The provisions of this Agreement shall be binding upon the parties hereto and their respective successors in interest.

**Section 15. Section Headings**

The section headings contained in this Agreement are for convenience and identification only and shall not be deemed to limit or define the contents of the sections to which they relate.

**Section 16. No Presumption Re: Drafter**

The parties hereto acknowledge and agree that the terms and provisions of this Agreement have been negotiated and discussed between the parties, and this Agreement reflects their mutual agreement regarding the same. Because of the nature of such negotiations and discussions, it would be inappropriate to deem any party to be the drafter of this Agreement, and therefore, no presumption for or against validity or as to any interpretation hereof, based upon the identity of the drafter shall be applicable in interpreting or enforcing this Agreement.

**Section 17. Assistance of Legal Counsel**

Each party to this Agreement warrants to each other party, as follows:

- a. That each party either had the assistance of legal counsel or had legal counsel available to it, in the negotiation for and execution of this Agreement and all related documents; and
- b. That each party has lawfully authorized the execution or has executed this Agreement.

**Section 18. Severability**

This Agreement is severable, and if any provision or part hereof is judicially declared invalid, the remaining provisions shall remain in force and effect.

**Section 19. Modification**

This Agreement shall not be modified except by written agreement of the parties.

**Section 20. Effective Date**

This Agreement shall be effective as of the day and year first above written.

IN WITNESS WHEREOF, the parties have caused this Agreement for Employment to be executed as follows:

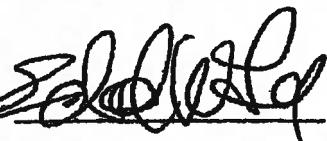
("City")  
CITY OF BELL, CALIFORNIA

By:   
Teresa Jacobo, Mayor

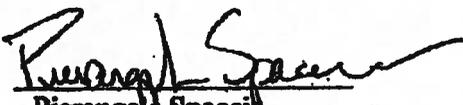
Attest:

By:   
Theresa Diaz, City Clerk

Approved as to Form:  
City Attorney

By: 

"Employee"

By:   
Pierangela Spaccia

---

**Employee Evaluations**

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**Disciplinary Action Letters**

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**AUTHORIZED PAYROLL  
DEDUCTION FORMS**

---

**ACH Direct Deposit  
Request**

FUNCTION: INQUIRE EMPLOYEE#: 148

2 NAME (LAST, FIRST) SPACCIA  
 3 CLASSIFICATION: 8810  
 4 TITLE: ASSISTANT CAO  
 5 SEX (M/F): F  
 6 RATE/HR: 147.2310  
 7 RATE/MO(STEP): 25520.04  
 8 RATE-BILINGUAL: 0.00  
 9 RATE-EDUCATION: 0.00  
 10 RATE-SPEC COMP 1: 0.00  
 11 RATE-SPEC COMP 2: 0.00  
 12 RATE-SPEC COMP 3: 0.00  
 13 100% SICK BAL: 0.4920  
 14 75% SICK BAL: 224.0000  
 15 50% SICK BAL: 336.0000  
 16 DRIVERS LIC#: [REDACTED]  
 17 HOME TELE#: [REDACTED]

~~PIER ANGELA 18 DATE HIRED (FT) : 070103~~  
 19 DATE NEXT REVIEW:  
 20 DATE STEP INCR: 090108  
 21 STEP: CONTRT  
 22 DATE OF BIRTH: 091958  
 23 DATE HIRED (PARTTIME)  
 24 DATE TERMINATED:

25 [REDACTED] \*ACH CD: 1  
 26 [REDACTED] \*ACH CD: 1  
 27 BANK S ACCT#: \*ACH CD: 0  
 28 ADD'L INFO:  
 29 ADD'L INFO:  
 30 ADD'L INFO:  
 31 TELEPHONE# [REDACTED]  
 32 TELEPHONE# [REDACTED]

*delete*

\*ACH CD: CHECKING SAVINGS  
 ACTIVE = 1 2  
 ON HOLD = 10 20  
 PRENOTE = 19 29

				PRINT		NEXT RECORD	EXIT
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*Bucky:*

*Please delete 1st Banking Account  
Number information.*

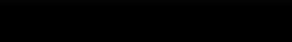
*Thanks  
Ave*

UNCTION = INQUIRE EMPLOYEF # 148 , CONTINUED

	FREQ	DEDUCTN	ADDL INFO	FREQ	DEDUCTN	ADDL INFO
30 DEFERRED COMP	0	0.00		<del>46 BANK 1</del>	<del>4</del>	<del>8024.78 WELLS2</del> <i>delete</i>
31 DEFERRED COMP	0	0.00		47 BANK 2	4	0.00 WELLS2
32 DEF PERS PAYBK	0	0.00		48 BANK 3	0	0.00
33 SEC 125 MEDICAL	3	355.92		49 ---	0	0.00
34 DCMP CATCH-UP	0	0.00		50 ---	0	0.00
35 DCMP 401A	0	0.00		51 UNIFORM ALLOWO		0.00
36 MEDICAL REIMBURSO		0.00		52 U S BONDS	0	0.00
37 PERS	0	0.00		53 LOYAL AM LIFE0		0.00
38 PERS PAYBACK	0	0.00		54 MISC	4	446.96 LOAN#001
39 N Y LIFE	0	0.00		55 MISC	4	1.00 ESPRESSO
40 CONSECO LIFE	0	0.00		56 MISC	0	0.00
41 LIFE INS > \$50K	0	0.00		57 ---	0	0.00
42 AFLAC	0	0.00		58 ---	0	0.00
43 POLICE	0	0.00		59 *PERS-SURVR	0	0.00
44 PORAC	0	0.00		60 *PERS-EMPLE	4	0.00
45 GARNISHMENT	0	0.00		61 *PERS-CITY	4	0.00

DEPOSIT TICKET  
TO BE USED FOR DEPOSIT TRANSACTIONS ONLY

THE PIER' ANGEL SPACCIA TRUST  
ANGELA SPACCIA TTE



CASH  
INCLUDES COINS  
18-24/1220 4468  
9068253098

List \_\_\_\_\_  
Checks \_\_\_\_\_  
Singly \_\_\_\_\_

DATE \_\_\_\_\_  
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

TOTAL ITEMS \_\_\_\_\_  
OF TOTAL FROM REVERSE

SEEK HERE ONLY IF CASH RECEIVED FROM DEPOSIT

SUB TOTAL ▶



Wells Fargo Bank, N.A.  
Chicago  
wellsfargo.com

LESS CASH RECEIVED ▶

\$

DO NOT USE DEPOSIT TICKET ROUTING # FOR  
AUTOMATIC PAYMENTS. USE CHECKS CHECK.

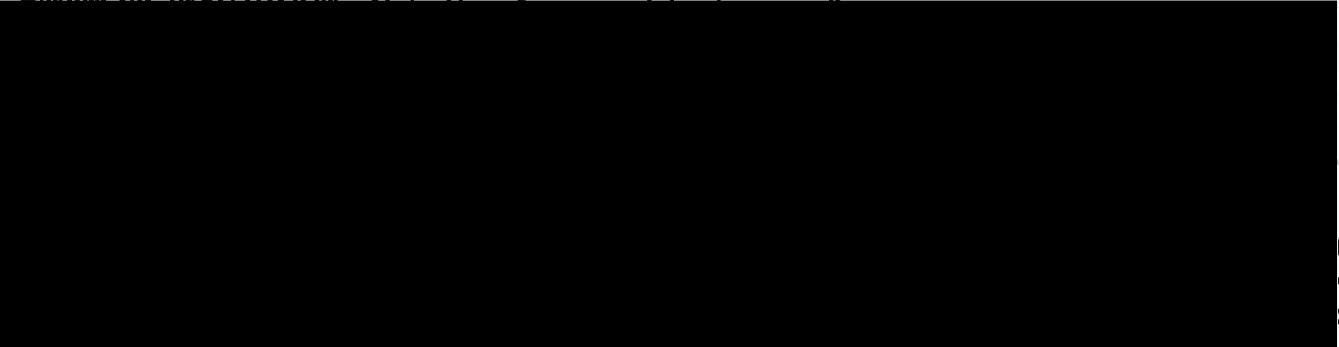
⑆511400393⑆ 9068253098⑈

COINS AND OTHER ITEMS ARE REFUSED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODES AND ANY APPLICABLE COLLECTION AGREEMENT.

**AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSITS**  
**(ACH CREDITS)**  
**CITY OF BELL**

I hereby authorize City of Bell, hereinafter called COMPANY, to initiate credit entries to my (  ) Checking Account (  ) Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.

FINANCIAL INSTITUTION



This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY AND depository a reasonable opportunity to act on it.

NAME Pier Angela Spaccino

SOCIAL SECURITY NUMBER [REDACTED]

DATE 10/12/08 SIGNED Pier Angel Spaccino

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

*Please stop depositing the 2nd check net of \$6024.70 to Savings*

*deposit to the above account. The same acct as regular check goes to.*

*Thank You*

**\*\*\* FOR FINANCE DEPARTMENT USE ONLY\*\***

Employee Number:	<u>148</u>
Date Received by Finance Dept:	<u>10-15-08</u>
Financial Institution Code:	<u>WELLS5 WELLS2</u>
Pay Period for ACH Test:	<u><del>10-11-08</del> 10-31-08</u>
Pay Period for ACH to be Active:	<u>11-14-08</u>
<u>New Set Up.</u>	

Wells Fargo ACH 10/16/2008 10:57:44 PM PAGE 2/002  
FAX# 1-323-789715473  
FAX# :  
3562-1

10/16/2008 10:57:44 PM PAGE 2/002  
ATTN: ANNA HERNANDEZ  
ATTN:

Fax Server

\*\*\*\*\*  
\*  
\* WELLS FARGO \*  
\* ACH CUSTOMER ACTIVITY REPORT \*  
\*\*\*\*\*

ATTN: ANNA HERNANDEZ  
BELL CITY OF  
ATTN CITY TREASURER  
330 PINE AVE  
BELL, CA 90201-1221  
FILE ID: 1956000677

PAGE: 1  
SETTL ACCT: 4159281401  
SETTL DATE: 10/16/2008

COMPANY ID: 1956000677

.. ADJUSTMENT ACTIVITY

THIS SECTION DETAILS ALL REJECTS, DELETES, AND REVERSALS PROCESSED TODAY FOR YOUR ACCOUNT.

COMPANY NAME: CITY OF BELL ENTRY DESC: PAYROLL

REJECT DETAIL

NAME	DATE	R/T	IND ID	ACCOUNT	DEBIT AMOUNT	CREDIT AMOUNT
SPACCIA, PIER ANGELA	10/17/08	511400393	148	0 9066253098	\$ .00	\$ .00
TOTAL				1 REJECTS	\$ .00	\$ .00

3562-2

..I. ORIGATION SETTLEMENT SUMMARY

THIS SECTION SUMMARIZES ALL ACH SETTLEMENT ACTIVITY POSTING TO YOUR ACCOUNT TODAY.

\*\*\*\*\* NO ACTIVITY \*\*\*\*\*

3562-3

..II. RETURN/NOC SUMMARY

THIS SECTION SUMMARIZES ALL RETURNS AND NOTIFICATIONS OF CHANGE PROCESSE TODAY FOR YOUR ACCOUNT. DETAIL TRANSACTION INFORMATION IS AVAILABLE ON YOUR ACH RETURN REPORT.

\*\*\*\*\* NO ACTIVITY \*\*\*\*\*

\*\*\*\*\* END OF REPORT \*\*\*\*\*

FUNCTION =	INQUIRE	EMPLOYEE #	148	, CONTINUED				ADDL
	FREQ	DEDU	ADDL	INFO	FRE	JEDUCTN	INFO	
30 DEFERRED COMP	0	0.00		46 BANK 1	0	0.00	HELSS5	Wells 2
31 DEFERRED COMP	0	0.00		47 BANK 2	4	0.00	HELSS2	T
32 DEF PERS PAYBK	0	0.00		48 BANK 3	4	4015.00	HELSS2	
33 SEC 125 MEDICAL	3	356.92		49 ---	0	0.00		
34 DCMP CATCH-UP	0	0.00		50 ---	0	0.00		
35 DCMP 401A	0	0.00		51 UNIFORM ALLOWD		0.00		
36 MEDICAL REIMBURSO		0.00		52 U S BONDS	0	0.00		
37 PERS	0	0.00		53 LOYAL AM LIFE0		0.00		
38 PERS PAYBACK	0	0.00		54 MISC	0	0.00		
39 N Y LIFE	0	0.00		55 MISC	4	1.00	ESPRESSO	
40 CONSECO LIFE	0	0.00		56 MISC	0	0.00		
41 LIFE INS > \$50K	0	0.00		57 ---	0	0.00		
42 AFLAC	0	0.00		58 ---	0	0.00		
43 POLICE	0	0.00		59 *PERS-SURVR	0	0.00		
44 PORAC	0	0.00		60 *PERS-EMPLE	4	0.00		
45 GARNISHMENT	0	0.00		61 *PERS-CITY	4	0.00		

**AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSITS (ACH) 5**  
**CITY OF BELL**

I hereby authorize City of Bell, hereinafter called COMPANY, to initiate credit entries to my (X) Checking Account ( ) Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.

FINANCIAL INSTITUTION  
DEPOSITORY NAME [REDACTED]

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ROUTING # [REDACTED] ACCOUNT # [REDACTED]

TOTAL AMOUNT TO BE DEPOSITED TO THIS ACCOUNTS 126

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY AND depository a reasonable opportunity to act on it.

NAME PIER' ANGELA SPACCA

SOCIAL SECURITY NUMBER [REDACTED]

DATE 2/11/08 SIGNED Pier Angel Spacca

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**\*\*\* FOR FINANCE DEPARTMENT USE ONLY\*\***

Employee Number:	<u>148</u>
Date Received by Finance Dept:	<u>2/11/08</u>
Financial Institution Code:	<u>WELLS2</u>
Pay Period for ACH Test:	<u>PPE 2/17/08</u>
Pay Period for ACH to be Active:	<u>3/2/08</u>
Type of ACH DD:	_____

**MEMO**

July 7, 2008, 2008

**TO:** Rebecca Valdez,  
Management Analyst

**FROM:** Ana L. Hernandez,  
Management Analyst *AS*

**RE:** Pier'Angela Spaccia #148

---

Upon the above employee's request, please delete her bi-weekly ACH direct deposit into WELLS2 Acct # [REDACTED] and activate her ACH direct deposit into WELLS2 Acct# [REDACTED]. Her bank set up should look as follows:

<u>Financial Institution</u>	<u>Account #</u>	<u>Amount</u>	<u>Frequency</u>
------------------------------	------------------	---------------	------------------

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
------------	------------	------------	------------

If you have any questions please call me at ext 224. Thank you.

**AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSITS (ACH) S**  
**CITY OF BELL**

I hereby authorize City of Bell hereinafter called COMPANY, to initiate credit entries to my ( ) Checking Account (  ) Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.

FINANCIAL INSTITUTION  
DEPOSITORY NAME

BRANCH

CITY

ROUTING #

TOTAL AMOUNT TO BE DEPOSITED TO THIS ACCOUNT \$ 2nd Check

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY AND depository a reasonable opportunity to act on it.

NAME PIER ANGELO SPAUZA

SOCIAL SECURITY NUMBER

DATE 6-16-08 SIGNED Pier Angelo Spauza

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**\*\*\* FOR FINANCE DEPARTMENT USE ONLY\*\***

Employee Number:	<u>148</u>
Date Received by Finance Dept:	<u>6-16-08</u>
Financial Institution Code:	<u>WELLS 2</u>
Pay Period for ACH Test:	<u>6-27-08</u>
Pay Period for ACH to be Active:	<u>7-11-08</u>
Type of ACH DD:	<u>new set up: for 2nd check</u>
Please delete ACH#	<u>[REDACTED]</u>

**Ana Hernandez**

---

**From:** Angela Spaccia  
**Sent:** Sunday, June 15, 2008 3:46 PM  
**To:** Lourdes Garcia; Anna Montoya; Ana Hernandez  
**Subject:** Direct Deposit Change

This is to request a change in my direct deposit accounts.

Starting with the first payroll in July, can you switch my deposits as follows please?

My regular payroll deposit ( 100%) should be sent to the account you have ending with ....3098. You will no longer need to deposit money to the account [REDACTED] ~~0000~~.

My accrual deposit (currently \$3387.37 but changes July 1st) should be deposited to account [REDACTED]. It is also with Wells Fargo and hopefully the routing number is the same as the other account. This account however, is a Savings account, not a checking. I do not have a void check that I can provide because of this fact.

Let me know if you need anything else from me to accomplish this.....thanks!

Angela Spaccia

6/16/2008

FUNCTION: INQUIRE EMPLOYEE#: 148

2 NAME (LAST, FIRST) SPACCIA , PIER'ANGELA 18 DATE ED(FT):070103  
 3 CLASSIFICATION: 8810 19 DATE NEXT REVIEW:  
 4 TITLE: ASSISTANT CAO 20 DATE STEP INCR: 070107  
 5 SEX (M/F): F 21 STEP: CONTRT  
 6 RATE/HR: 113.0770 22 DATE OF BIRTH: 091958  
 7 RATE/MO(STEP): 19600.01 23 DATE HIRED(PARTTIME)  
 8 RATE-BILINGUAL: 0.00 24 DATE TERMINATED:  
 9 RATE-EDUCATION: 0.00 25 BANK 1 ACCT#: [REDACTED] \*ACH CD: 1  
 10 RATE-SPEC COMP 1: 0.00 26 BANK 2 ACCT#: [REDACTED] \*ACH CD: 1  
 11 RATE-SPEC COMP 2: 0.00 27 BANK 3 ACCT#: [REDACTED] \*ACH CD: 29  
 12 RATE-SPEC COMP 3: 0.00 28 ADD'L INFO:  
 13 100% SICK BAL: 0.0480 29 ADD'L INFO:  
 14 75% SICK BAL: 112.0000 30 ADD'L INFO:  
 15 50% SICK BAL: [REDACTED]  
 16 DRIVERS LIC#: [REDACTED]  
 17 HOME TELE#: [REDACTED]

*DELETE*  
*100%*  
*ADD*

SAVINGS  
 ACTIVE = 1 2  
 ON HOLD = 10 20  
 PRENOTE = 19 29

				PRINT		NEXT RECORD	EXIT
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UNCTION = INQUIRE EMPLOYEE # 148 , CONTINUED

	FREQ	DEDUL	ADDL INFO	FREQ	EDUCTN	ADDL INFO
30 DEFERRED COMP	0	0.00		<del>4</del>	<del>3606.22</del>	<del>WELLS2</del> <i>Delete</i>
31 DEFERRED COMP	0	0.00	46 BANK 1	4	0.00	WELLS2 <i>100%</i>
32 DEF PERS PAYBK	0	0.00	47 BANK 2	<del>4</del>	0.00	WELLS2 <i>ACTUAL</i>
33 SEC 125 MEDICAL	3	355.92	48 BANK 3	0	0.00	
34 DCMP CATCH-UP	0	0.00	49 ---	0	0.00	
35 DCMP 401A	0	0.00	50 ---	0	0.00	
36 MEDICAL REIMBURSO	0	0.00	51 UNIFORM ALLOWO	0	0.00	
37 PERS	0	0.00	52 U S BONDS	0	0.00	
38 PERS PAYBACK	0	0.00	53 LOYAL AM LIFE0	0	0.00	
39 N Y LIFE	0	0.00	54 MISC	4	3722.49	LOAN
40 CONSECO LIFE	0	0.00	55 MISC	4	1.00	ESPRESSO
41 LIFE INS > \$50K	0	0.00	56 MISC	0	0.00	
42 AFLAC	0	0.00	57 ---	0	0.00	
43 POLICE	0	0.00	58 ---	0	0.00	
44 PORAC	0	0.00	59 *PERS-SURVR	0	0.00	
45 GARNISHMENT	0	0.00	60 *PERS-EMPLE	4	0.00	
			61 *PERS-CITY	4	0.00	

FIRST SCREEN	NEXT SCREEN	NEXT EMPL	EXIT
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**Paid in Lieu Vacation & Sick  
YEAR 2008  
Pier' Angela Spaccia #148  
Assistant CAO**

Per Employee Request, please payout the following in lieu of accruing vacation and sick time:

Hourly Rate	\$ 122.6925	
Paid In Lieu of Sick Hours	32.73	\$ 4,015.73
Paid In Lieu of Vacation Hours		\$ -
<b>Total Paid In Lieu</b>		<b>\$ 4,015.73</b>

<u>Account to Debit</u>	<u>% Salary Allocation</u>	<u>Hours</u>	<u>Amount</u>	<u>Code</u>
08-525-5018-0199	5%	1.64	\$ 201.22	65
09-525-5019-0199	5%	1.64	\$ 201.22	65
10-525-5039-0199	5%	1.64	\$ 201.22	65
45-525-3740-0199	5%	1.64	\$ 201.22	65
85-521-1000-0199	80%	26.17	\$ 3,210.86	65
08-525-5018-0199	5%	-	\$ -	55
09-525-5019-0199	5%	-	\$ -	55
10-525-5039-0199	5%	-	\$ -	55
45-525-3740-0199	5%	-	\$ -	55
85-521-1000-0199	80%	-	\$ -	55

**Total Paid In Lieu**      **7/6/2008:**      **32.73**      **\$ 4,015.73**

**Payroll Note (Direct Deposit to Bank #25 Account 6464496694):**

Federal Tax	5.00%	\$ 185.00
State Tax	2.00%	\$ 75.00

---

**Cal-PERS  
Service Credit**

---

**Computer Purchase Program**

---

**Deferred Compensation**



**LOURDES P. GARCIA  
CITY OF BELL  
FINANCE AND ADMINISTRATION  
6330 PINE AVENUE  
BELL, CA 90201**

**March 16, 2007  
Plan: 302068  
PIER SPACCIA**

**This letter confirms the requested disbursement from the above mentioned individual's ICMA Retirement Corporation account.**

**ICMA-RC does not display Social Security numbers for security reasons and to protect against possible identity theft. However, we maintain Social Security numbers in our records for tax reporting purposes. If applicable, this distribution will be reported to the IRS under the proper Social Security number. You can confirm the Social Security number that we have on file for this or any other plan participant by accessing EZLink at [www.icmarc.org](http://www.icmarc.org).**

**If you have any questions, please call us toll-free at (800) 326-7272 and one of our Employer Services Associates will be happy to assist you. Our FAX number is (202) 682-6439.**

---

811157RC

**REFERENCE CODE: RBHSLRTJ  
TAXPAYER ID # (SSN): XXX-XX-8897**

**DISTRIBUTION TYPE: Service Credits                      PAY DATE:                      March 16, 2007  
TRANSFER AMOUNT: \$4,178.22  
TRANSFER TO: CALPERS**

**Ana Hernandez**

---

**From:** Angela Spaccia

**Sent:** Wednesday, September 20, 2006 6:32 PM

**To:** Ana Hernandez

**Subject:** Deferred Compensation

Ji Ana,

I would like to stop my deferred compensation deduction for awhile. Please stop it asap...if I need to sign anything, let me know. I should be back in the office tommorrow.

Thank you.

Angela

UNCTION: CHANGE EMPLOYEE # 148 SEQ #

AME SPACCIA, PIER ANGELA

ALARY 7884.65

RLY RATE 98.5581

TAXABLE

8570.38

DEDUCTIONS

23 DCMP  
24 DCMP ~~100.00~~

25 DPYBK  
26 S125 384.08

27 D C-UP

28

29 MEDR

30 PERS

31 PYBK

32 NY

33 CONSECO

34 LIFE

35 AFLAC

36 BPOA

37 PORAC

38 GARN

TYPE HRS RATE EARNINGS

10 72.00 7096.18

40 8.00 788.47

55 9.84 98.5581 969.81

13 PERS WAGE 7884.65

14 MEDI TXBL 8854.46

15 ---

16 ---

17 ---

TAXES

18 FED W/H 385.00

19 FICA

20 STATE W/H 75.00

21 SDI

22 MEDICARE 128.39

89.84 <-TOTALS->

8854.46

9 COMP HRS ERN

40 CK NBR

CK DATE

---  
EARNINGS, NON-TXBLS OK?(Y) or ENTER LINE#1-17,23-28 Y

NET---> 0.00

EXIT

**Ana Hernandez**

---

**From:** Angela Spaccia  
**Sent:** Wednesday, September 20, 2006 6:32 PM  
**To:** Ana Hernandez  
**Subject:** Deferred Compensation

Ji Ana,

I would like to stop my deferred compensation deduction for awhile. Please stop it asap...if I need to sign anything, let me know. I should be back in the office tommorrow.

Thank you.

Angela

**Alex Veloz**

---

**From:** Angela Spaccia  
**Sent:** Thursday, September 21, 2006 11:07 AM  
**To:** Alex Veloz  
**Subject:** RE: D-comp

Thank you!

-----Original Message-----

**From:** Alex Veloz  
**Sent:** Thursday, September 21, 2006 9:33 AM  
**To:** Angela Spaccia  
**Subject:** D-comp

Hi Angela, we got your request just in time since Ana is still out on her Honeymoon but I'm working on payroll. If you have any other requests please send them directly to me or Lourdes. Thanks.

*Alexandra Veloz*  
Management Analyst  
City of Bell  
6330 Pine Avenue  
Bell CA 90201  
323-588.6211 Ext. 223  
323-771.9473 Fax  
[aveloz@cityofbell.org](mailto:aveloz@cityofbell.org)

# 457 DEFERRED COMPENSATION PLAN EMPLOYEE ENROLLMENT/CHANGE FORM



ICMA RETIREMENT CORPORATION

- Use this form to Enroll or make Changes to your 457 Plan.
- Read instructions on the back carefully before completing this form. Please print legibly in blue or black ink.
- Return this form to your employer promptly. Your employer must provide the form to ICMA Retirement Corporation before the payroll date of your first deferral. If this is a new enrollment, to ensure that your payroll deduction contributions begin, you must also complete the 457 Deferred Compensation Plan Amount of Deferral Form and promptly return it to your employer.
- Note: It is important to review your next paystub to confirm your enrollment/change has been processed correctly.
- If making changes, complete Section 1 and then proceed to the appropriate section to make your changes. If new enrollment, all sections must be completed.

**1**  
Required Participant Information - Information in this box must be completed to avoid processing and investment delays.

(check one)  **NEW ENROLLMENT**  **CHANGE**

Employer Plan Number: \_\_\_\_\_ Employer Plan Name \_\_\_\_\_ State \_\_\_\_\_

Full Name of Participant:  
 Last: SPACICIA First: PIER ANGELA  **MA**

Date of Birth: 09 - 11 - 1958 Date Employed/Retired: 07 - 10 - 2003 Retired?  **Check if yes**

Job Title: ASST. TO CHIEF Admin. Officer

**Check if new address**

**Check if change in this section**

**M**  **F**  **Married**  **Single**

**2**  
Beneficiary Designation

Name	Date of Birth	Relationship to you	Social Security Number	% of benefit
Primary Beneficiaries: <u>Sean Spacia-Jeffrey</u>	<u>1/5/83</u>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: <u>son</u>	_____	<u>100</u>
Contingent Beneficiaries, if any: <u>Angela Michelle Spacia</u>	<u>1/25/89</u>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: <u>niece</u>	_____	<u>100</u>

**3**  
Catch-up Election

If you wish to use a Catch-up Provision, please select ONE below:

"Pre-retirement catch-up" - This provision can be used within 3 years of retirement, OR

"Age 50 catch-up" - This provision can be used if you are age 50 or older

**4**  
Allocation of Future Contributions

Fill in the boxes at right with codes of the fund(s) you want to invest in. A list of funds and codes can be found on the Investment Options sheet. See instruction 4 on the back of this form.

State law, local law, or your employer may place restrictions on investment in these funds.

ALLOCATION			
Code	Percent	Code	Percent
<u>81</u>	<u>100%</u>		
<b>TOTAL = 100%</b>			

**5**  
Employee Signature

I acknowledge that I have read and agree to the disclosure (see 5 & 6) on the back of this form.

Pier Angela Spacia 9/8/03  
Participant Signature Date

**6**  
Employer's Authorization

Authorized Employer Official's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Employer Plan Number \_\_\_\_\_

---

**Espresso Club/BPOA Dues**

---

**Garnishments/Child Support  
State/Federal Agencies**

---

**Miscellaneous Deductions**

**MEMO**

February 20, 2008

**TO:** Rebecca Valdez,  
Management Analyst

**FROM:** Ana L. Hernandez,   
Management Analyst

**RE:** **Angela Spaccia #148**

---

Please change the bi-monthly S-125 deduction of \$711.83 to \$355.92 into BlueCross Pers Cobra effective PPE 2/17/08.

If you should have any questions please call me at ext 224. Thank you.

FUN IGN: INQUIRE EMPLOYEE # 148 SEQ #

NAME SPACCIA, PIER'ANGELA

SALARY . 9046.16

HRLY RATE 113.0770

TAXABLE

DEDUCTIONS

TYPE HRS RATE EARNINGS

1 10 72.00 8141.54

2 40 8.00 904.62

3 55 32.92 113.0770 3722.49

4

5

6

7

8

9

112.92 <-TOTALS-> 12768.65

10 FED TXBL 12056.82

11 FICA TXBL 12768.65

12 SDI TXBL

13 PERS WAGE 9046.16

14 MEDI TXBL 12768.65

15 ---

16 ---

17 ---

TAXES

18 FED W/H 400.00

19 FICA 791.66

20 STATE W/H 100.00

21 SDI

22 MEDICARE 185.15

23 DCMP

24 DCMP

25 DPYBK

26 S125

27 D C-UP

28 401A

29 MEDR

30 PERS

31 PYBK

32 NY

33 CONSECO

34 LIFE

35 AFLAC

36 BPOA

37 PORAC

38 GARN

~~711.63~~

39 COMP HRS ERN

40 CK NBR

CK DATE

NET---> 0.00

---

**AMORTIZATION SCHEDULE**


---

Reference Code  
RBHSLRTJName  
PIER' ANGELA SPACCIALoan Number  
001

Payment Number	Payment Date	Payment Amount	Amount To Interest	Amount To Principal	Balance
1	02/06/2009	\$446.96	\$117.79	\$329.17	\$49,670.83
2	02/20/2009	\$446.96	\$117.01	\$329.95	\$49,340.88
3	03/06/2009	\$446.96	\$116.24	\$330.72	\$49,010.16
4	03/20/2009	\$446.96	\$115.46	\$331.50	\$48,678.66
5	04/03/2009	\$446.96	\$114.68	\$332.28	\$48,346.38
6	04/17/2009	\$446.96	\$113.89	\$333.07	\$48,013.31
7	05/01/2009	\$446.96	\$113.11	\$333.85	\$47,679.46
8	05/15/2009	\$446.96	\$112.32	\$334.64	\$47,344.82
9	05/29/2009	\$446.96	\$111.53	\$335.43	\$47,009.39
10	06/12/2009	\$446.96	\$110.74	\$336.22	\$46,673.17
11	06/26/2009	\$446.96	\$109.95	\$337.01	\$46,336.16
12	07/10/2009	\$446.96	\$109.16	\$337.80	\$45,998.36
13	07/24/2009	\$446.96	\$108.36	\$338.60	\$45,659.76
14	08/07/2009	\$446.96	\$107.56	\$339.40	\$45,320.36
15	08/21/2009	\$446.96	\$106.76	\$340.20	\$44,980.16
16	09/04/2009	\$446.96	\$105.96	\$341.00	\$44,639.16
17	09/18/2009	\$446.96	\$105.16	\$341.80	\$44,297.36
18	10/02/2009	\$446.96	\$104.35	\$342.61	\$43,954.75
19	10/16/2009	\$446.96	\$103.55	\$343.41	\$43,611.34
20	10/30/2009	\$446.96	\$102.74	\$344.22	\$43,267.12
21	11/13/2009	\$446.96	\$101.93	\$345.03	\$42,922.09
22	11/27/2009	\$446.96	\$101.11	\$345.85	\$42,576.24
23	12/11/2009	\$446.96	\$100.30	\$346.66	\$42,229.58
24	12/25/2009	\$446.96	\$99.48	\$347.48	\$41,882.10
25	01/08/2010	\$446.96	\$98.66	\$348.30	\$41,533.80
26	01/22/2010	\$446.96	\$97.84	\$349.12	\$41,184.68
27	02/05/2010	\$446.96	\$97.02	\$349.94	\$40,834.74
28	02/19/2010	\$446.96	\$96.20	\$350.76	\$40,483.98
29	03/05/2010	\$446.96	\$95.37	\$351.59	\$40,132.39
30	03/19/2010	\$446.96	\$94.54	\$352.42	\$39,779.97
31	04/02/2010	\$446.96	\$93.71	\$353.25	\$39,426.72
32	04/16/2010	\$446.96	\$92.88	\$354.08	\$39,072.64
33	04/30/2010	\$446.96	\$92.05	\$354.91	\$38,717.73
34	05/14/2010	\$446.96	\$91.21	\$355.75	\$38,361.98
35	05/28/2010	\$446.96	\$90.37	\$356.59	\$38,005.39
36	06/11/2010	\$446.96	\$89.53	\$357.43	\$37,647.96
37	06/25/2010	\$446.96	\$88.69	\$358.27	\$37,289.69
38	07/09/2010	\$446.96	\$87.85	\$359.11	\$36,930.58
39	07/23/2010	\$446.96	\$87.00	\$359.96	\$36,570.62
40	08/06/2010	\$446.96	\$86.15	\$360.81	\$36,209.81
41	08/20/2010	\$446.96	\$85.30	\$361.66	\$35,848.15
42	09/03/2010	\$446.96	\$84.45	\$362.51	\$35,485.64
43	09/17/2010	\$446.96	\$83.60	\$363.36	\$35,122.28
44	10/01/2010	\$446.96	\$82.74	\$364.22	\$34,758.06
45	10/15/2010	\$446.96	\$81.88	\$365.08	\$34,392.98

**Anna Montoya**

---

**From:** Angela Spaccia  
**Sent:** Wednesday, February 20, 2008 6:23 PM  
**To:** Anna Montoya  
**Subject:** RE: Direct Deposit Change

Hello,

Thanks for responding. I will be in the office tomorrow around 1 ish.

Use the existing account that I currently have a direct deposit to as the fixed amount. That number is [REDACTED]

Thanks! And thanks for fixing my biweekly amount...that will simplify my planning and budgeting as well.

Angela

---

**From:** Anna Montoya  
**Sent:** Wednesday, February 20, 2008 3:36 PM  
**To:** Angela Spaccia  
**Cc:** Ana Hernandez  
**Subject:** RE: Direct Deposit Change

Hi Angela,

We are changing your COBRA deduction to semi-monthly for \$356.92. That way your pay is consistent each pay period.

We are setting up your direct deposit as well. Your pay should be 50% in each account, but in case there is any rounding issues, we need to set up one direct deposit as a fixed amount and the other to remain as a "net" amount. Which account would you like fixed?

Please let me know when you will be in the office so you can sign the direct deposit authorization.

Thanks,

*Anna Montoya*  
 Senior Accountant  
 City of Bell  
 (323) 588-6211 ext 243  
 (323) 771-9473 fax

---Original Message---

**From:** Angela Spaccia  
**Sent:** Monday, February 11, 2008 5:25 PM  
**To:** Ana Hernandez  
**Cc:** Anna Montoya  
**Subject:** Direct Deposit Change

ello,

I need to change my direct deposit from 100% going into my account # [REDACTED] to only 50% going there. The other 50%, I want to go into another checking account entitled The Pier Angela Spaccia Trust. It is at the same bank with the same routing number ( Wells Fargo Bank # [REDACTED] but the account number is [REDACTED]

If you need me to fill out a form, please fax it to me at.  
0317.....

Thanks! Or...feel free to call me for clarification at 323 595 .

Pier' Angela Spaccia



# MEMO

November 13, 2007

**TO:** Rebecca Valdez,  
Management Analyst

**FROM:** Ana L. Hernandez,   
Management Analyst

**RE:** **Angela Spaccia #148**

---

Per the employee's request, please increase the bi-monthly S-125 deduction from \$432.10 to \$711.83 as the medical insurance carrier was changed from Blue Cross to Pers Choice.

In addition, please add the following vendor to the payroll system so we process the payments as follows:

PERS CARE #9061  
Cobra Payment  
P.O. Box 629  
Woodland Hills, CA 91365

If you should have any questions please call me at ext 224. Thank you.

FUNCTION = INQUIRE EMPLOYEE # 9046

2 NAME (LAST, FIRST)	PERS	ICE	, BLUE CROSS
3 STREET ADDRESS	COBRA PAYMENT		
4 CITY, STATE, ZIP	P.O. BOX 629		
5 ---	WOODLAND HILLS CA 91365		
6 PAY TYPE (H/S/T)			
7 FED STATUS (M/S)			
8 STATE STAT (M/S/H)		19 FED (1=fixed,2=extra)	0
9 SOCIAL SECURITY #		20 STATE(1=fixed,2=extra)	0
10 DEPARTMENT	0	21 FICA (1=exempt,2=medi)	0
11 HOURLY RATE	0.0000	22 SDI (1=exempt)	0
12 OVERTIME RATE	0.0000	23 ---	0
13 SALARY	0.00	24 PERS (1=misc/2=safety)	0
14 PAY PERIODS PER YR	0	25 ---	0
15 FED DEPENDENTS	0	26 WORK COMP CODE	0
16 STATE DEPENDENTS	0	27 EXTRA/FIXED FED	0.00
17 O/T EXEMPT (1=yes)	0	28 EXTRA/FIXED STATE	0.00
18 ---	0	29 ---	0.00

NEXT SCREEN		NEXT EMPL			EXIT
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*Becky:*

*Add a new vendor with same*

Please make those changes for the PPE 8/6/06.

Thanks,  
Anna

-----Original Message-----

**From:** Angela Spaccia  
**Sent:** Friday, August 04, 2006 8:52 PM  
**To:** Anna Montoya  
**Subject:** RE: HIPAA Compliance Pacific Alliance Group Invoices

Yep...thank you.

-----Original Message-----

**From:** Anna Montoya  
**Sent:** Friday, August 04, 2006 8:59 AM  
**To:** Angela Spaccia  
**Cc:** Lourdes Garcia  
**Subject:** HIPAA Compliance Pacific Alliance Group Invoices

Angela,

Labor distributions for executive management have changed, thus medical reimbursements need to be reallocated. I don't see any of the backup with the invoices, so could you please pass the new distributions effective July 1, 2006 on to Pacific Alliance and review their invoices as follows:

**Eric Eggena:**

30-525-0069-0182	54%
01-521-0250-0182	10%
90-521-0100-0182	36%

**Robert Rizzo:**

01-521-0200-0182	35%
08-525-5018-0182	10%
09-525-5019-0182	5%
10-525-5039-0182	10%
18-525-0100-0182	5%
19-525-0100-0182	5%
20-525-0100-0182	10%
45-525-3740-0182	5%
85-521-1000-0182	10%
90-521-0100-0182	5%

**Angela Spaccia:**

08-525-5018-0182	5%
09-525-5019-0182	5%
10-525-5039-0182	5%
20-525-0100-0182	10%
45-525-3740-0182	5%
85-521-1000-0182	70%

Thanks,

Anna Montoya  
Senior Accountant  
City of Bell



## MEMO

July 10, 2006

**TO:** Theresa Diaz,  
Management Analyst

**FROM:** Ana L. Hernandez,  
Management Analyst

**RE:** **Pier Angela Spaccia #148**

---

Due to the salary increase for Pier Angela Spaccia on 7/1/06, please change the bi-weekly miscellaneous payroll deduction for her cash advance repayment from \$875.20 to \$969.82 effective pay period ending 7/09/06.

If you have any questions, please contact me at ext 224. Thank you.

## TIME CARDS FOR DATE (MMDDYY): 07/09/06

EMP NO. SEQ# EMP ME  
 148 PIE., ANGELA SPACCIA

-- GL# FUNC NO TYPE WORK ---  
 01101 10

9=Comp earned

HOURS HRLY RATE EARNINGS  
 4.92 98.5581 484.91

10=Regular

40=Holiday

11=Retro

44=Flt Hol(PERS)

12=Educ

45=Float Hol

13=Diff

50=Vacation

14=4850

60=Sick 100%

THIS EMPLOYEE:

SALARY  
 7884.65

15=IOD/Wrk Cmp

61=Sick 75%

HOURS 0 EARNINGS

0.00

16=Educ(Nontxbl)

62=Sick 50%

19=Bereavement

63=Sick persnl

20=Overtime

80=Standby

30=CRA (PERS)

81=Court

31=SPA (PERS)

90=Training

32=PLN (PERS)

91=Uniform

33=CHA (PERS)

95=Misc

34=PFA (PERS)

96=Life insur

RESTART ENTRY		NEXT EMPLOYEE		CHANGE DATE		EXIT
------------------	--	------------------	--	----------------	--	------

**MEMO****July 19, 2007**

**TO:** Rebecca Valdez,  
Account Clerk

**FROM:** Ana L. Hernandez, ✖  
Management Analyst

**RE:** Pier Angela Spaccia #148

---

Due to the salary increase for Pier Angela Spaccia on 7/1/07 and the vacation accrual increase, please change the bi-weekly miscellaneous payroll deduction for her administrative agreement repayment to \$2,226.49 effective pay period ending 7/22/07.

If you have any questions, please contact me at ext 224. Thank you.

## Debt Service Schedule for Payroll Loan -Year 2007

**P'IER AI LA SPACCIA #148**

Monthly Vacation Accrual Rate (hrs) 21.3  
 Annual Total Hours of Vacation Accrued 255.6  
 Biweekly Vacation Hours 19.69  
 Hourly Rate \$ 113.08

Annual LAIF interest rate/Jan-March 2007 5.17%  
 Effective biweekly interest rate 0.001988462  
 Annual LAIF interest rate/April-June 2007 5.23%  
 Effective biweekly interest rate 0.002011538  
 Annual LAIF interest rate/July-Sept 2007 0.00%  
 Effective biweekly interest rate 0  
 Annual LAIF interest rate/Oct-Dec 2006 5.11%  
 Effective biweekly interest rate 0.001965385

### Loan Payment Schedule

<u># of</u> <u>Pmts</u>	<u>PAYROLL</u> <u>DATE</u>	<u>LOAN</u> <u>AMOUNT</u>	<u>BI-WEEKLY</u> <u>PAYMENTS</u>	<u>BI-WEEKLY</u> <u>INTEREST</u>	<u>BI-WEEKLY</u> <u>PRINCIPAL</u>
				<b>85-521-1000-0199</b>	
1	01/12/07	66,712.83	994.41	131.12	863.29
2	01/26/07	65,849.53	994.41	129.42	864.99
3	02/09/07	64,984.54	994.41	127.72	866.69
4	02/23/07	64,117.85	994.41	126.02	868.39
5	03/09/07	63,249.46	994.41	124.31	870.10
6	03/23/07	62,379.36	994.41	122.60	871.81
7	04/06/07	61,507.55	994.41	122.31	872.10
8	04/20/07	60,635.44	994.41	120.57	873.84
9	05/04/07	59,761.61	994.41	118.83	875.58
10	05/18/07	58,886.03	994.41	117.09	877.32
11	06/01/07	58,008.71	994.41	115.35	879.05
12	06/15/07	57,129.66	994.41	113.60	880.81
13	06/29/07	56,248.85	994.41	111.85	882.56
14	07/13/07	55,366.29	50,453.83	111.37	50,342.46
15	07/27/07	77,023.83	2,226.49	154.94	2,071.55
16	08/10/07	74,952.28	2,226.49	150.77	2,075.72
17	08/24/07	72,876.56	2,226.49	146.59	2,079.90
18	09/07/07	70,796.66	2,226.49	142.41	2,084.08
19	09/21/07	68,712.58	2,226.49	138.22	2,088.27
20	10/05/07	66,624.31	2,226.49	-	2,226.49
21	10/19/07	64,537.82	2,226.49	-	2,226.49
22	11/02/07	62,451.33	2,226.49	-	2,226.49
23	11/16/07	59,364.84	2,226.49	-	2,226.49
24	11/30/07	57,278.35	2,226.49	-	2,226.49
25	12/14/07	55,191.86	2,226.49	-	2,226.49
26	12/28/07	53,105.37	2,226.49	-	2,226.49

**Balance @ end of 2007 \$ 51,038.88**

**Total Payments to Reimburse City**

**\$90,099.04      \$ 2,425.08      \$72,088.52**

### Cash Receipts

From: Pier'Angela Spaccia

For: LOAN REIMBURSEMENT- PAYROLL ENDING

**7/22/2007**

Acct # Interest Payment- 85-521-1000-0199 \$ 154.94

Acct # Principal Payment- 85-521-1000-0199 2,071.55

**\$ 2,226.49**

7/19/2007

FUNCTION = INQUIRE EMPLOYEE # 148 , CONTINUED

			<u>AUTOM</u>	<u>C DISTRIBUTION</u>	
			<u>ACCOUNT #</u>		<u>PERCENT</u>
62	VAC ACCR RATE	19.6960			
63	SICK ACCR RATE	7.3920	77	0852550180110	5.00
64	FLOAT ACCR RATE	40.0000	78	0952550190110	5.00
65	VAC HRS BAL	54.4240	79	1052550390110	5.00
--	(SICK 100% BAL)	391.7760	80	4552537400110	5.00
67	FLOAT HRS BAL	40.0000	81	8552110000110	80.00
68	COMP HRS BAL	0.0000	82		
69	ADJUST W2	3727.67	83		
70	SICK PERSNL HRS	0.00	84		

**MEMO**

July 20, 2004

**TO:** Theresa Diaz,  
Management Analyst

**FROM:** Ana L. Hernandez,  
Management Analyst

**RE:** **Pier'Angela Spaccia #148**

---

Due to the salary increase for Pier'Angela Spaccia on 7/1/04, please change the miscellaneous payroll deduction for her cash advance from \$181.50 to \$231.25 effective pay period ending 7/25/04. Thank you.

**Debt Service Schedule for Payroll Loan - Year 2004****PIER ANGELA SPACCIA #148**

Monthly Vacation Accrual Rate (hrs) 8 ~~7/1/2004~~  
 Annual Total Hours of Vacation Accrued 96  
 Biweekly Vacation Hours 3.69  
 Hourly Rate [REDACTED] \$ 62.50

Annual LAIF interest rate/Oct-Dec 2003 [REDACTED]  
 Effective biweekly interest rate 0.0006  
 Annual LAIF interest rate/Jan-March [REDACTED]  
 Effective biweekly interest rate 0.000565385  
 Annual LAIF interest rate/April-June 2004 [REDACTED]  
 Effective biweekly interest rate 0.000553846  
 Annual LAIF interest rate/July-Sept 2003 [REDACTED]  
 Effective biweekly interest rate 0.000626923

# of Pmts	PAYROLL DATE	LOAN AMOUNT	BI-WEEKLY PAYMENTS	BI-WEEKLY INTEREST	BI-WEEKLY PRINCIPAL
				86-521-2000-0199 87-521-2000-0199	
1	01/02/04	76,967.84	181.50	48.25	133.25
2	01/16/04	76,834.59	181.50	46.10	135.40
3	01/30/04	76,699.19	181.50	46.02	135.48
4	02/13/04	76,563.71	181.50	45.94	135.56
5	02/27/04	76,428.14	181.50	45.86	135.64
6	03/12/04	76,292.50	181.50	45.77	135.73
7	03/26/04	76,156.77	181.50	45.69	135.81
8	04/09/04	76,020.96	181.50	42.98	138.52
9	04/23/04	75,882.44	181.50	42.90	138.60
10	05/07/04	75,743.84	181.50	42.82	138.68
11	05/21/04	75,605.16	181.50	42.75	138.75
12	06/04/04	75,466.41	181.50	42.67	138.83
13	06/18/04	75,327.58	181.50	42.59	138.91
14	07/02/04	75,188.67	181.50	41.64	139.86
15	07/16/04	75,048.81	231.25	41.57	189.68
16	07/30/04	74,859.12	231.25	41.46	189.79
17	08/13/04	74,669.33	231.25	41.36	189.89
18	08/27/04	74,479.44	231.25	41.25	190.00
19	09/10/04	74,289.44	231.25	41.14	190.11
20	09/24/04	74,099.33	231.25	41.04	190.21
21	10/08/04	73,909.12	231.25		231.25
22	10/22/04	73,677.87	231.25		231.25
23	11/05/04	73,446.62	231.25		231.25
24	11/19/04	73,215.37	231.25		231.25
25	12/03/04	72,984.12	231.25		231.25
26	12/17/04	72,752.87	231.25		231.25

Balanca @ end of 2003 \$ 74,099.33

Total Payments to Reimburse City

\$ 5,316.03\$ 869.80\$ 2,868.50

From: Pier'Angela Spaccia

For: REIMBURSEMENT OF LOAN FOR PAY OF

7/16/2004

Acct # Interest Payment- 86-521-2000-0199 \$ 20.79

Acct # Interest Payment- 87-521-2000-0199 20.78

Acct # Principal Payment- 86-521-2000-0199 94.84

Acct # Principal Payment- 87-521-2000-0199 94.84

\$ 231.25

7/20/2004

## \*\*\* POSTING DETAIL \*\*\*

FUNCTION: INQUIRE EMPLOYEE#: 148

2 NAME (LAST, FIRST) SPACCIA ,PIER'ANGELA 15 DATE HIRED(FT):070103  
 3 CLASSIFICATION: 8810 16 DATE NEXT REVIEW:  
 4 TITLE: ASSISTANT TO CAO 17 DATE STEP INCR: 070104  
 5 SEX (M/F): F 18 STEP:  
 6 RATE/HR: 62.5000 19 DATE OF BIRTH: 091958  
 7 RATE/SEMI-MO: 0.00 20 DATE HIRED(PARTTIME)  
 8 RATE/MO(STEP): 10833.33 21 DATE TERMINATED:  
 9 RATE/YR: 0.00 22 BANK 1 ACCT# [REDACTED] \*ACH CD: 1  
 10 100% SICK BAL: 99.7920 23 BANK 2 ACCT#: \*ACH CD: 0  
 11 75% SICK BAL: 112.0000 24 BANK 3 ACCT#: \*ACH CD: 0  
 12 50% SICK BAL: 112.0000 25 ADD'L INFO:  
 13 DRIVERS LIC#: [REDACTED] 26 ADD'L INFO:  
 14 HOME TELE#: [REDACTED] 27 ADD'L INFO:  
 28 TELEPHONE#: [REDACTED]  
 29 TELEPHONE#: [REDACTED]

*ACH CD:	CHECKING	SAVINGS
ACTIVE =	1	2
ON HOLD =	10	20
PRENOTE =	19	29

PRINT

NEXT  
RECORD

EXIT

  
**MEMO**

**October 29, 2003**

**TO: Theresa Diaz,  
Management Analyst**

**FROM: Ana L. Hernandez,  
Management Analyst**

**RE: Pier'Angela Spaccia #148**

---

**Per the Employment Agreement, please add a miscellaneous deduction in the amount of \$181.50 for her payroll loan repayment effective PPE 11/02/03. Her payroll loan was approved on October 15 2003, attached you will find the supporting documentation.**

**Thank you.**

**City of Bell ~ Payroll Loan Reimbursement**  
**YEAR 2003**

**Employee Name Pier'Angela Spaccia**

Monthly Vacation Accrual Rate (hrs) 8  
 Annual Total Hours of Vacation Accrued 96  
 Biweekly Vacation Hours 3.69  
 Hourly Rate [REDACTED]  
 Annual LAIF interest rate/Oct-Dec. [REDACTED]  
 Effective biweekly interest rate 0  
 Annual LAIF interest rate/Jan-March [REDACTED]  
 Effective biweekly interest rate 0  
 Annual LAIF interest rate/April-June [REDACTED]  
 Effective biweekly interest rate 0  
 Annual LAIF interest rate/July-Sept [REDACTED]  
 Effective biweekly interest rate 0.000826923

<u># of Pmts</u>	<u>PAYROLL DATE</u>	<u>LOAN AMOUNT</u>	<u>BIWEEKLY PAYMENTS</u>	<u>BIWEEKLY INTEREST</u> 87-521-2000-0199 87-521-2000-0199	<u>BIWEEKLY PRINCIPAL</u>
1	11/07/03	77,500.00	181.50	48.59	132.92
2	11/21/03	77,367.08	181.50	48.50	133.00
3	12/05/03	77,234.09	181.50	48.42	133.08
4	12/19/03	77,101.00	181.50	48.34	133.17
<b>Balance @ end of 2003 \$ 76,987.84</b>					
<b>Total Payments to Reimburse City</b>			<b>\$ 726.01</b>	<b>\$ 193.85</b>	<b>\$ 632.16</b>

**From: Pier'Angela Spaccia**  
**For: REIMBURSEMENT OF LOAN FOR PAY OF 11/7/2003**

Acct# Interest Payment- 87-521-2000-0199	\$ 24.28
Acct# Interest Payment- 86-521-2000-0199	24.28
Acct # Principal Payment- 87-521-2000-0199	66.45
Acct # Principal Payment- 86-521-2000-0199	66.49
	<b>\$ 181.50</b>

10/29/2003

# City of Bell



## Memorandum

October 15, 2003

**TO:           LOURDES GARCIA**  
**DIRECTOR OF ADMINISTRATIVE SERVICES**

**FROM:       ROBERT RIZZO**  
**CHIEF ADMINISTRATIVE OFFICER**

**SUBJECT:     WARRANT REQUEST**

Per Administrative Agreement filed in the Finance Department, I hereby authorize to prepare a warrant payable to Pier' Angela Spaccia in the amount of \$77,500 for advance of pay in-lieu of vacation accrual balance. The term, conditions and repayment clauses are stipulated on the aforementioned agreement.

<b>CITY OF BELL ADMINISTRATION DEPARTMENT</b>	
Forthwith	<input checked="" type="checkbox"/> Regular Warrant <input type="checkbox"/>
Signature: 	
Account N°: 87-521-2000-0110 ORA 86-521-2000-0110 ORA	
Date: 11/26/02	

VACATION  
IN-LIEU

V-90341

FUNCTION = INQUIRE EMPLOYEE # 148

2	NAME (LAST, FIRST)	SPACCIA	, PIER' ANGELA		
3	STREET ADDRESS	[REDACTED]			
4	CITY, STATE, ZIP	[REDACTED]			
5	---				
6	PAY TYPE (H/S/T)	S			
7	FED STATUS (M/S)	M			
8	STATE STAT (M/S/H)	S			
9	[REDACTED]				
10	DEPARTMENT	100		19	FED (1=fixed, 2=extra) 0
11	HOURLY RATE	49.1875		20	STATE (1=fixed, 2=extra) 1
12	OVERTIME RATE	0.0000		21	FICA (1=exempt, 2=medi) 0
13	SALARY	3935.00		22	SDI (1=exempt) 1
14	PAY PERIODS PER YR	26		23	--- 0
15	FED DEPENDENTS	10.		24	PERS (1=misc/2=safety) 1
16	STATE DEPENDENTS	0		25	--- 0
17	O/T EXEMPT (1=yes)	1		26	WORK COMP CODE 8810
18	---	0		27	EXTRA/FIXED FED 0.00
				28	EXTRA/FIXED STATE 75.00
				29	--- 0.00

FUNCTION = INQUIRE EMPLOYEE # 148 , CONTINUED

			AUTOMATIC DISTRIBUTION	
			ACCOUNT #	PERCENT
62	VAC ACCR RATE	3.6960		
63	SICK ACCR RATE	3.6960	77 8652120000110	50.00
64	FLOAT ACCR RATE	20.0000	78 8752120000110	50.00
65	VAC HRS BAL	29.5680	79	
--	(SICK 100% BAL)	29.5680	80	
67	FLOAT HRS BAL	20.0000	81	
68	COMP HRS BAL	0.0000	82	
69	ADJUST W2	0.00	83	
70	SICK PERSNL HRS	0.00	84	

AUTOMATIC EARNINGS

	FREQ	TYPE	WRK	AMOUNT	ACCOUNT #	
71	0		0	0.00		86
72	0		0	0.00		87
73	0		0	0.00		88
74	0		0	0.00		89
75	0		0	0.00		90
76	0		0	0.00		91
						92

**MEMO**

February 17, 2006

**TO:** Theresa Diaz,  
Management Analyst

**FROM:** Ana L. Hernandez,  
Management Analyst

**RE:** **Angela Spaccia**

---

To enable the monthly payments for the S-125 insurance of Angela Spaccia, add the following vendor to our payroll system as follows:

PERSChoice/Blue Cross  
Cobra Payment  
P.O. BOX 629  
Woodland Hills CA, 91365-0629

# 9046

Please forward the vendor number to set up the vendor file. If you should have any questions please call me at ext 224. Thank you.

PersChoice / BlueCross

Coben Payment

P.O. Box 629

WOODLAND HILLS CA 91365 - 0629

Phone: 877 737 7776

\$ 384.08

---

**W-4'S/  
State Withholdings**

**MEMO**

October 7, 2009

**TO:** Rebecca Valdez,  
Management Analyst

**FROM:** Ana L. Gutierrez, ✓  
Management Analyst

**RE:** Angela Spaccia #148

---

Upon the above employee's telephone request, please increase the federal and state withholdings as follows:

Federal Taxes	1,400.00
State Taxes	500.00

If you shall have any questions please contact me at (323) 588-6211 ext 224. Thank you.

PAJ of 10/12/09

# Form W-4 (2007)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

for individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners/Multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$190,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A \_\_\_\_\_

B Enter "1" if: B \_\_\_\_\_

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C \_\_\_\_\_

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D \_\_\_\_\_

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E \_\_\_\_\_

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F \_\_\_\_\_

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub 972, Child Tax Credit, for more information. G \_\_\_\_\_

- If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.
- If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H \_\_\_\_\_

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; border: 1px solid black; padding: 2px; display: inline-block;">2007</div>
1 Type or print your first name and middle initial. <span style="float:right">Last name</span> <span style="font-size: 1.2em;">Pierangelo</span> <span style="font-size: 1.2em; float:right">Spacca</span>		2 Your social security number <div style="background-color: black; width: 100%; height: 1.2em;"></div>
Home address (number and street or rural route) <div style="background-color: black; width: 100%; height: 1.2em;"></div>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) <span style="float:right">5</span> 6 Additional amount, if any, you want withheld from each paycheck <span style="float:right">6 \$ 400</span>		
7 I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here <span style="float:right">7</span>		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) <span style="float:right">Date</span> <span style="font-size: 1.2em;">Pierangelo Spacca</span> <span style="font-size: 1.2em; float:right">7/11/07</span>		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) <span style="float:right">10 Employer identification number (EIN)</span>



**EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

Type or Print Your Full Name <i>Patricia Spaccia</i>	Your Social Security Number [REDACTED]
Home Address (Number and Street or Rural Route) [REDACTED]	Filing Status Withholding Allowances <input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input checked="" type="checkbox"/> HEAD OF HOUSEHOLD
City, State [REDACTED]	

1. Number of allowances for Regular Withholding Allowances, Worksheet A \_\_\_\_\_  
 Number of allowances from the Estimated Deductions, Worksheet B \_\_\_\_\_  
 Total Number of Allowances (A + B) \_\_\_\_\_

OR

2. Additional amount of state income to be withheld each pay period (if employer agrees), Worksheet C \$100

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Signature *Patricia Spaccia* Date *7/11/07*

Employer's Name and Address	California Employer Account Number
-----------------------------	------------------------------------

cut here

Give the top portion of this page to your employer and keep the remainder for your records.

**YOUR CALIFORNIA PERSONAL INCOME TAX MAY BE UNDERWITHHELD IF YOU DO NOT FILE THIS DE 4 FORM**

**IF YOU RELY ON THE FEDERAL W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.**

**PURPOSE:** This certificate, DE 4, is for California personal income tax withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax-withholding obligation.

If you rely on the number of withholding allowances you claim on your Federal W-4 withholding allowance certificate for your state income tax withholding, you may be significantly underwithheld. This is particularly true if your household income is derived from more than one source.

You should complete this form if either:

- (1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California personal income tax withholding than you claim for federal income tax withholding or,
- (2) You claim additional allowances for estimated deductions.

**CHECK YOUR WITHHOLDING:** After your W-4 and/or DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form and for federal withholding use the Internal Revenue Service (IRS) Publication 919 or federal withholding calculations.

**THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.**

**EXEMPTION FROM WITHHOLDING:** If you wish to claim exempt, complete the federal Form W-4. You may only claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption automatically expires on February 15 of the next year. If you continue to qualify for the exempt filing status, a new form W-4 designating EXEMPTION must be submitted before February 15th. If you are not having federal income tax withheld this year but expect to have a tax liability next year, the law requires you to give your employer a new Form W-4 by December 1.

# Form W-4 (2004)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2004 expires February 16, 2005. See Pub. 504, Tax Withholding and Estimated Tax.

**Note:** You cannot claim exemption from withholding if: (a) your income exceeds \$800 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2004. See Pub. 919, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

### Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent . . . . . A \_\_\_\_\_

B Enter "1" if:   
 • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. . . . . B \_\_\_\_\_

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . C \_\_\_\_\_

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . D \_\_\_\_\_

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above). . . . . E \_\_\_\_\_

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Notes: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . . F \_\_\_\_\_

G Child Tax Credit (including additional child tax credit):   
 • If your total income will be less than \$52,000 (\$77,000 if married), enter "2" for each eligible child.   
 • If your total income will be between \$52,000 and \$84,000 (\$77,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children. . . . . G \_\_\_\_\_

H Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return. ▶ H \_\_\_\_\_

For accuracy, complete all worksheets that apply.   
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.   
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.   
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4** **Employee's Withholding Allowance Certificate** OMB No. 1545-0010

Department of the Treasury Internal Revenue Service ▶ Your employer must send a copy of this form to the IRS if (a) you claim more than 10 allowances or (b) you claim "Exempt" and your wages are normally more than \$200 per week. **2004**

1 Type or print your first name and middle initial: **Pier Angela** Last name: **SPACCIA** 2 Your social security number: [REDACTED]

3  Single  Married  Married, but withheld at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 6 Additional amount, if any, you want withheld from each paycheck **\$ 385.00 Fed.**

7 I claim exemption from withholding for 2004, and I certify that I meet both of the following conditions for exemption:   
 • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and   
 • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. **\$75.00 State**

If you meet both conditions, write "Exempt" here ▶ **7 Exempt**

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employer's signature (Form is not valid unless you sign it) ▶ **Pier Angela Spaccia** Date ▶ **7/1/04**

8 Employer's name and address (Employer/Complete lines 9 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note: Use this worksheet only if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2004 tax return.

- 1 Enter an estimate of your 2004 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2004, you may have to reduce your itemized deductions if your income is over \$142,700 (\$71,350 if married filing separately). See Worksheet 3 in Pub. 919 for details.)
2 Enter: \$9,700 if married filing jointly or qualifying widow(er); \$7,150 if head of household; \$4,850 if single; \$4,850 if married filing separately
3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-".
4 Enter an estimate of your 2004 adjustments to income, including alimony, deductible IRA contributions, and student loan interest.
5 Add lines 3 and 4 and enter the total. (Include any amount for credits from Worksheet 7 in Pub. 919).
6 Enter an estimate of your 2004 nonwage income (such as dividends or interest).
7 Subtract line 6 from line 5. Enter the result, but not less than "-0-".
8 Divide the amount on line 7 by \$3,000 and enter the result here. Drop any fraction.
9 Enter the number from the Personal Allowances Worksheet, line H, page 1.
10 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.

Two-Earner/Two-Job Worksheet (See Two earners/two jobs on page 1.)

Note: Use this worksheet only if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)
2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here
3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.

Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet.
5 Enter the number from line 1 of this worksheet.
6 Subtract line 5 from line 4.
7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.
8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.
9 Divide line 8 by the number of pay periods remaining in 2004. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2003. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

Table 1: Two-Earner/Two-Job Worksheet

Table with 8 columns: Married Filing Jointly (wages from HIGHEST and LOWEST paying jobs), Enter on line 2 above, All Others (wages from LOWEST paying job), Enter on line 2 above. Rows show wage brackets from \$0-\$40,000 to \$118,001 and over.

Table 2: Two-Earner/Two-Job Worksheet

Table with 4 columns: Married Filing Jointly (wages from HIGHEST paying job), Enter on line 7 above, All Others (wages from HIGHEST paying job), Enter on line 7 above. Rows show wage brackets from \$0-\$60,000 to \$320,001 and over.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(a)(4) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number.

Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 46 min.; Learning about the law or the form, 13 min.; Preparing the form, 38 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. Do not send Form W-4 to this address. Instead, give it to your employer.



# Form W-4 (2003)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2003 expires February 18, 2004. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** You cannot claim exemption from withholding if: (a) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2003. See Pub. 919, especially if your earnings exceed \$128,000 (Single) or \$175,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

### Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent . . . . . A \_\_\_\_\_

B Enter "1" if:   
 • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. . . . . B \_\_\_\_\_

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . C \_\_\_\_\_

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . D \_\_\_\_\_

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . . E \_\_\_\_\_

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit . . . . . F \_\_\_\_\_

(Notes: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit):   
 • If your total income will be between \$15,000 and \$42,000 (\$20,000 and \$65,000 if married), enter "1" for each eligible child plus 1 additional if you have three to five eligible children or 2 additional if you have six or more eligible children.   
 • If your total income will be between \$42,000 and \$80,000 (\$65,000 and \$115,000 if married), enter "1" if you have one or two eligible children, "2" if you have three eligible children, "3" if you have four eligible children, or "4" if you have five or more eligible children. . . . . G \_\_\_\_\_

H Add lines A through G and enter total here. Notes: This may be different from the number of exemptions you claim on your tax return. . . . . H \_\_\_\_\_

For accuracy, complete all worksheets that apply.   
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.   
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.   
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4** **Employee's Withholding Allowance Certificate** OMB No. 1545-0010 **2003**

Department of the Treasury Internal Revenue Service For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Type or print your first name and middle initial: Pier Angel Last name: Spacera

3  Single  Married  Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) **5** 10

6 Additional amount, if any, you want withheld from each paycheck **6** \$ \_\_\_\_\_

7 I claim exemption from withholding for 2003, and I certify that I meet both of the following conditions for exemption:   
 • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and   
 • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability.   
 If you meet both conditions, write "Exempt" here **7** 7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's signature (Form is not valid unless you sign it.) Pier Angel Spacera Date 9/8/03

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) City of Bell, 6330 Pine Avenue, Bell, CA 90201

9 Office code (optional)

10 Employer identification number 95: 6000677

Deductions and Adjustments Worksheet

Note: Use this worksheet only if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2002 tax return.

1 Enter an estimate of your 2002 itemized deductions... 2 Enter: \$7,850 if married filing jointly... 3 Subtract line 2 from line 1... 4 Enter an estimate of your 2002 adjustments to income... 5 Add lines 3 and 4... 6 Enter an estimate of your 2002 nonwage income... 7 Subtract line 6 from line 5... 8 Divide the amount on line 7 by \$3,000... 9 Enter the number from the Personal Allowances Worksheet... 10 Add lines 8 and 9...

Two-Earner/Two-Job Worksheet

Note: Use this worksheet only if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1... 2 Find the number in Table 1 below that applies to the lowest paying job... 3 If line 1 is more than or equal to line 2... 4 Enter the number from line 2... 5 Enter the number from line 1... 6 Subtract line 5 from line 4... 7 Find the amount in Table 2 below that applies to the highest paying job... 8 Multiply line 7 by line 6... 9 Divide line 8 by the number of pay periods remaining in 2002...

Table 1: Two-Earner/Two-Job Worksheet

Table with 4 columns: Married Filing Jointly (wages from LOWEST, Enter on line 2 above) and All Others (wages from LOWEST, Enter on line 2 above). Rows show wage brackets and corresponding numbers.

Table 2: Two-Earner/Two-Job Worksheet

Table with 2 columns: Married Filing Jointly (wages from HIGHEST, Enter on line 7 above) and All Others (wages from HIGHEST, Enter on line 7 above). Rows show wage brackets and corresponding numbers.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 8109 and their regulations.

control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 48 min.; Learning about the law or the form, 13 min.; Preparing the form, 59 min.





EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

DE 4

Type or Print Your Full Name <i>Fier' Angela Spacola</i>	Your Social Security Number [REDACTED]
Home Address (Number and Street, and P.O. Box) [REDACTED]	Status Withholding Allowances <input checked="" type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

- Number of allowances you are claiming for this job from the Regular Withholding Allowances Worksheet (A) \_\_\_\_\_ 1 *0*
- Number of allowances from the Estimated Deductions Worksheet (B) \_\_\_\_\_ 2
- Additional amount to be withheld each pay period (if employer agrees) (C) \_\_\_\_\_ 3 *75.00*

If employer does not agree, you may file quarterly estimates on Form 540ES with the Franchise Tax Board.

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or if claiming exemption from withholding, that I am entitled to claim the exempt status.

Signature *Fier' A Spacola* Date *9/8/03*

Employer's Name and Address	California Employer Account Number
-----------------------------	------------------------------------

cut here

Give the top portion of this page to your employer and keep the remainder for your records.

YOUR CALIFORNIA PERSONAL INCOME TAX MAY BE UNDERWITHHELD IF YOU DO NOT FILE THIS DE 4 FORM

IF YOU RELY ON THE FEDERAL W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.

PURPOSE: This certificate, form DE 4, is for California personal income tax withholding purposes only. You should complete this form if:

(1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California personal income tax withholding than you claim for Federal income tax withholding.

(2) You claim additional allowances for estimated deductions.

The DE 4 should be used to properly compute the amount of taxes to be withheld from your wages to accurately reflect your State tax situation.

THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

The Federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for State and Federal purposes. However, Federal tax brackets and withholding methods do not reflect State personal income tax

withholding tables. If you rely on the number of withholding allowances you claim on your Federal W-4 withholding allowance certificate for your State income tax withholding, you may be significantly underwithheld. This is particularly true if your household income is derived from more than one source.

CHECK YOUR WITHHOLDING: After your W-4 and/or DE 4 takes effect, compare the dollar amounts that are being withheld with your estimated total annual tax. You can use the worksheets in this DE 4 for California withholding and the Internal Revenue Service (IRS) Publication 919 for Federal withholding calculations.

EXEMPTION FROM WITHHOLDING: You are only entitled to claim exemption from California income tax withholding if you are also claiming exemption from federal income tax withholding. If you wish to claim exempt, complete the federal Form W-4. You may only claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption automatically expires on February 15 of the next year unless submitted again on a new W-4 before that date. If you are not having federal income tax withheld this year, but expect to have a tax liability next year, the law requires you to give your employer a new Form W-4 by December 1.

**EDUCATION/CERTIFICATES  
AWARDS**

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**Certificates:**

**CITY OF BELL  
SEXUAL HARASSMENT PREVENTION PRESENTATION**

-----**CERTIFICATE OF COMPLETION**-----

This form certifies that City of Bell employee Free Angela Spacca has successfully completed training on sexual harassment prevention on May 20, 2009.

The training, which exceeded two hours in length, was given by attorneys of the firm Brown, White & Newhouse LLP. The course learning objectives met by the attendees included the following subjects:

- The statutory basis for state and federal prohibitions of sexual harassment.
- The definition of unlawful sexual harassment, including definitions of prohibited quid pro quo harassment and hostile work environment harassment.
- Examples of inappropriate and prohibited conduct.
- Strategies for avoiding prohibited conduct.
- Remedies available for victims of sexual harassment.
- The terms of the City of Bell's policy against sexual harassment.
- The procedure for submitting a complaint regarding sexual harassment.

May 20, 2009

Employee: \_\_\_\_\_

Free Angela Spacca  
Please print name and sign

Trainer: \_\_\_\_\_

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**Commendation Letters**

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**Special Recognition**

# EMPLOYEE BENEFITS

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**Delta Dental Enrollment**



December

Quick Reference Guide

Your update has been completed successfully.  
DEPENDENT COVERAGE AND INFORMATION

Eligibility Maintenance

- Search Enrollee
- New Enrollment
- Enrollee Profile
- Update Enrollee Information
- Update Enrollee Coverage
- Enroll Dependents
- Update Dependents
- History Adjustment
- Duplicate Dependent Request
- Contact Delta

Group #: 3196-5555  
 Group Name: CITY OF BELL (W/DPO)  
 Original Effective Date: 07/01/2003  
 Current Effective Date: 07/01/2003  
 Termination Date: (None)

Enrollee Name: SPACCIA, PIER'ANGELO  
 Enrollee ID: [REDACTED]  
 Coverage Type: Enrollee & Children

1. Dependent Information

First Name	SEANTHOMA	Relationship	Child
Last Name	SPACCIA-SHEFFIELD	Gender	Male
Date of Birth	01 / 18 / 1983 (mm/dd/yyyy)	Benefit Status	Active
SSN	[REDACTED]	Disability	Yes
		Student Status	Not a student
Effective Date	07 / 01 / 2003 (mm/dd/yyyy)		
Termination Date	/ / (mm/dd/yyyy)		
Reinstatement Date	/ / (mm/dd/yyyy)		

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Update New Member

Page 1 of 2

# Enroll New Member

Group: 3198 - 5555  
CITY OF BELL (W/DPO)



Member Added.

Member ID: [REDACTED]

Last Name:

SPACCIA

First Name:

PIER'ANGEL

Gender:

Female

Birth Date:

09191958

Coverage Type:

Member Only

Number of Dependents not counting spouse:

(None)

Effective Date of Coverage:

07012003

Employment Date:

06302003

Benefit Status:

Active

Residential Address

Address line 1:

Address line 2:

City:

Country:

United States

Location (not required):

[REDACTED]

Update this Information

Add More Info for this Member

Add Dependents

Add or Update Another Member in Same Group

Select Another Group

[REDACTED]

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# Enroll Dependents

Group: 3198 - 5555 CITY OF BELL (W/DPO)

Member ID: 564278897 SPACCIA, PIER'ANGEL Coverage Type: Member Only

Update New Member

Page 1 of 2

# Enroll New Member

Group: 3196 - 5555  
CITY OF BELL (W/DPO)



Member Added.

Member ID: [REDACTED]

Last Name:	First Name:	Gender:	Birth Date:
<input type="text" value="SPACCIA"/>	<input type="text" value="PIER'ANGEL"/>	<input type="text" value="Female"/>	<input type="text" value="09191958"/>

Coverage Type:	Number of Dependents not counting spouse:
<input type="text" value="Member Only"/>	<input type="text" value="(None)"/>

Effective Date of Coverage:	Employment Date:	Benefit Status:
<input type="text" value="07012003"/>	<input type="text" value="06302003"/>	<input type="text" value="Active"/>

### Residential Address

Address line 1: [REDACTED]  
 Address line 2: [REDACTED]  
 City: [REDACTED]  
 Country:

Location (not required):

Update this Information

Add More Info for this Member

Add Dependents

Add or Update Another Member in Same Group

Select Another Group

©2003 Delta Dental Plan of California

# Enroll Dependents

Group: 3196 - 5555 CITY OF BELL (W/DPO)

Member ID: 564278897 SPACCIA, PIER'ANGEL Coverage Type: Member Only



Delta Dental Plan of California

# Enrollment — Non Voluntary

Group Name

Delta Group/Division Number

### A ENROLLEE (Complete this section for new enrollment or change of status)

Name: Spainia Pier Angela

First Middle Initial Last

Birthdate: 09 / 19 / 58 Sex:  Male  Female

Marital Status:  Single  Married  Divorced  Separated

Do you have dependent children?  Yes  No

Does your spouse have a dental plan?  Yes  No

If yes, who is covered:  yourself  spouse  dependent children

If Delta Dental, indicate group number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date Employed: 6 / 30 / 03 Month Day Year

Action Requested:  New enrollment  Reinstatement  Transfer  Change in enrollment  Refile

Please enroll me in the following:  Delta Dental  Delta Vision

Employee Classification:  Fulltime  Parttime  Hourly  Retired  Classified  Subarbit  COBRA

City: \_\_\_\_\_ State: Calif ZIP code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Qualifying Date: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

COBRA Enrollment

I understand that I may be required by the employer to pay for COBRA benefits

Notes: If Dependent is enrolling under own social security number, the original Member's social security number must be supplied.

Benefits previously received under Social Security Number (Member I.D. Number): \_\_\_\_\_

### B Change to Existing Enrollment (Complete all sections that apply)

Name change  Add new dependent  Delete dependent  Address change listed above

Reason for change: \_\_\_\_\_

Effective date of change: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

### C DEPENDENTS (Complete for new enrollment or to add or delete dependents)

Spouse's Name	First	Middle Initial	Last	Sex	Birthdate	Marriage/Divorce Date	Spouse's Social Security Number
Child Name	First	Middle Initial	Last	Sex	Birthdate	If Child is 19 years or older (check and full-time student)	Child's Social Security Number
Spainia Sheffield	Spain	Thomas	F.	M	1-15-83	<input checked="" type="checkbox"/>	

### D Signature (Form must be signed to be processed)

I understand there is no contribution required by me for coverage of myself or my dependents. [Exception — See COBRA enrollment] I agree to continue membership in this program during employment and while the program is in force and I agree to comply with the terms of the group contract.

Enrollee Signature: Pier Angela Spainia Date: 6/30/03

---

**Health Carrier Appointment**