



# The Commonwealth of Massachusetts

## AUDITOR OF THE COMMONWEALTH

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BOSTON, MASSACHUSETTS 02108

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AUDITOR

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### ST. 1983, C. 503 ELECTION CLAIM FORM June 2009

Please complete this claim form, sign the Certification Clause, and return it to the above address by **July 17, 2009**. Failure to complete this form will result in loss of c. 503 funding for state elections.

#### SECTION A

City/Town: \_\_\_\_\_

Number of precincts for the 2010 September state primary election: **Line 1**

#### SECTION B

Please list the year 2010 hourly rates of pay for election personnel and police officers, and the number needed to staff each precinct. Use your normal staffing pattern for state elections. Please note that **Section B** only requests election worker hourly expenses per precinct. **Section C** computes the additional three-hour cost for all precincts.

ELECTION OFFICERS	RATE PER HOUR	# PER PRECINCT* PER ELECTION	
Wardens	_____	x _____	= \$ _____
Clerks	_____	x _____	= \$ _____
Checkers	_____	x _____	= \$ _____
Police/Constables (use weighted average hourly rate)	_____	x _____	= \$ _____

**Other (Please Specify)**  
(Do not include ballot-counting costs)

_____	_____	x _____	= \$ _____
_____	_____	x _____	= \$ _____
_____	_____	x _____	= \$ _____

\$

**SECTION C**

$$\frac{\text{Amount from Line 1}}{\text{Amount from Line 2}} \times \frac{\text{Additional Polling Hours}}{3} = \text{Line 3}$$

\$

**SECTION D**

What other expenses, if any, are attributable to operating polls between 7:00 a.m. and 10:00 a.m.? **DO NOT INCLUDE MEALS AND TRAVEL EXPENSES.**

Please explain:

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**Line 4** \$

**SECTION E**

$$\frac{\text{Amount from Line 3}}{\text{Amount from Line 4}} + \text{Amount from Line 4} = \text{Line 5}$$

\$

Please double Line 5 to cover costs of the 2010 September primary and November general elections. **Line 6** \$

**CERTIFICATION CLAUSE**

I certify, under the penalties of perjury, that the information provided herein is true to my best knowledge, information and belief.

Signed \_\_\_\_\_ Date \_\_\_\_\_

City/Town \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_

The Division of Local Mandates (DLM) reserves the right to conduct an audit of this information if necessary. Thank you for your cooperation. If you have any questions, please call Anthony D’Aiello, Mandate Program Manager, at (617) 727-0980 or toll free 1-800-462-2678.