

D1. Fiscal Year ..... : FY 2007-2008  
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) : 013  
D3. Requisition Number ..... :  
D4. Department Name ..... : County Counsel  
D5. Contact Person ..... : Anne Rierson  
D6. Phone ..... : 568-3246

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K1. Contract Type (check one):  Personal Service  Capital Project/Construction  
K2. Brief Summary of Contract Description/Purpose : Disclosure law training  
K3. Original Contract Amount ..... : \$ 15,750.00  
K4. Contract Begin Date..... : February 26, 2007  
K5. Original Contract End Date ..... : February 26, 2008  
K6. Amendment History (leave blank if no prior amendments):  

<u>Seq#</u>	<u>EffectiveDate</u>	<u>ThisAmndt</u>	<u>AmtCum</u>	<u>AmndtTo</u>	<u>DateNew</u>	<u>TotalAmt</u>	<u>NewEnd</u>	<u>EndDate</u>	<u>Purpose (2-4 words)</u>
			\$		\$			\$	

  
K7. Department Project Number ..... :

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B1. Is this a Board Contract? (Yes/No)..... : Yes  
B2. Number of Workers Displaced (if any)..... : n/a  
B3. Number of Competitive Bids (if any) ..... : n/a  
B4. Lowest Bid Amount (if bid)..... : \$n/a  
B5. If Board waived bids, show Agenda Date ..... :  
B6. ... and Agenda Item Number ..... : #  
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : Language added to Section 9, Conflict of Interest, and Exhibit C, Indemnification Pertaining to Professional Services.

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F1. Encumbrance Transaction Code ..... :  
F2. Current Year Encumbrance Amount ..... :  
F3. Fund Number..... :  
F4. Department Number..... :  
F5. Division Number (if applicable)..... :  
F6. Account Number ..... :  
F7. Cost Center number (if applicable)..... :  
F8. Payment Terms..... : Net 30

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V1. Vendor Numbers (A=uditor; P=urchasing) ..... :  
V2. Payee/Contractor Name ..... : Nixon Peabody LLP  
V3. Mailing Address ..... : 555 West Fifth Street, 46<sup>th</sup> Floor  
V4. City State (two-letter) Zip (include +4 if known) : Los Angeles, CA 90013-1025  
V5. Telephone Number..... : 213-533-1070  
V6. Contractor's Federal Tax ID Number (EIN or SSN) : 16-076420  
V7. Contact Person..... : Rick Jones  
V8. Workers Comp Insurance Expiration Date..... :  
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) : G 10/01/07 P 1/01/08  
V10. Professional License Number ..... : #  
V11. Verified by (name of County staff) ..... : Anne Rierson  
V12. Company Type (Check one):  Individual  Sole Proprietorship  Partnership  Corporation

**I certify:** information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date : Authorized Signature..... : March 13, 2007

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