CAL Document: 2.20

#### California File .CAL Layouts



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\* **O V E R V I E W** \*

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In accordance with the requirements of SB 49, the Secretary of State (SOS) is required to define a standardized record format or formats for transmission by the filing community of data required to be filed electronically under SB 49. The SOS will accept test files from vendors to ensure compliance and compatibility with these formats, and publish a list of the certified vendors or other parties who have successfully filed test reports with us.

This document contains the design definition of the California Electronic Filing Format for the electronic filing of California campaign and lobbying disclosure documents. This format defines the order and contents of the electronic filing data files that will be accepted and processed by the State of California's (CAL-ACCESS) California Automated Lobbying And Campaign Contribution & Expenditure Search System. This filing format has been developed to meet the specific requirements of SB 49 to implement electronic filing of these documents and to disclose this data to the public over the Internet. The specific layout of the format is derived from the data requirements of the forms themselves and experience gained implementing this system in the past two years. Vendor feedback is welcome and has been solicited.

This filing format is being used as the basis for the design of the CAL-ACCESS system and will be used to receive filings from filing software that uses the ".CAL" format. Like all software development integration efforts of this type, it is anticipated that minor problems will be found with the format. Please submit problem reports related to any potential problems to the Political Reform Division at (916) 653-6224.

The filing format is in the public domain and is non-proprietary. There are no intellectual property limitations associated with the filing format. The format is administered by the Secretary of State and all changes or corrections to the format will be managed by the Secretary of State.

Proposed filing formats are provided for the following forms:

**CAMPAIGN**

**400** Statement of Organization (Slate Mailer Organization)

**401** Slate Mailer Organization Campaign Statement

**402** Statement of Termination (Slate Mailer Organization)

**410** Statement of Organization Recipient Committee

**425** Semi-Annual Statement of no Activity

**450** Recipient Committee Campaign Disclosure Statement - Short Form

**460** Recipient Committee Campaign Statement

**461** Independent Expenditure Committee & Major Donor Committee Campaign Statement

**465**  Supplemental Independent Expenditure Report

1. Officeholder and Candidate Campaign Statement - Short Form

**470S** Officer and Candidate Campaign Statement (Supplement)

**495** Supplemental Pre-Election Campaign Statement

**496** Late Independent Expenditure Report

**497** Late Contribution Report

**498** Slate Mailer Late Payment Report

**LOBBYIST**

**601** Lobbying Firm Registration Statement

**602** Lobbying Firm Activity Authorization

**603** Lobbyist Employer or Lobbying Coalition Registration Statement

**604** Lobbyist Certification Statement

**605** Amendment to Registration, Lobbying Firm, Lobbyist Employer, Lobbying

Coalition

**606** Notice of Termination

**607** Notice of Withdrawal

**615** Lobbyist Report

**625** Report of Lobbying Firm

**630** Payments Made to Lobbying Coalitions (Attachment to Form 625 or 635)

**635**  Report of Lobbyist Employer or Report of Lobbying Coalition

**635C** Payments Received by Lobbying Coalitions

**640** Governmental Agencies Reporting (Attachment to Form 635 or Form 645)

**645** Report of Person Spending $5,000 or More

**690** Amendment to Lobbying Disclosure Report

**------ [HDR] ------**

The first record in a CAL file must be a short CSV (comma-separated-value) record identified with the text "HDR" in the first field and "CAL" in the second field. The rest of the fields contain information such as version numbers and software identification for the filing database program that created the electronic CAL filing. The layout of a HDR record is described on the next page.

The filing database program is responsible for creating the various record types described in this document. It will assemble them into a single (.CAL) file with a HDR record, immediately followed by a CVR (Cover) record, followed by a number of other record types (e.g. CVR2, CVR3, SMRY, RCPT, EXPN,...) as required by a particular type of filing. The specific record types that should be included after the HDR and CVR records of each type of filing (e.g. F460 F615, F625, F635,) are listed at the beginning of each of the four Filing Sections later in this document.

**Note:** The following layouts use 'Rx', 'R', 'Cx' & 'C' to indicate if a field is (R)equired or (C)onditionally required. If required {or conditionally required} and data is missing, the 'x' indicates whether this results in a filing being "Rejected" by the agency.

'Rx' = (R)equired field; SOS "Rejects" filing (Level-8)

'R' = (R)equired field, but SOS "Accepts" filing (Level-4)

'Cx' = (C)ond Required field; SOS "Rejects" filing (Level-8)

'C' = (C)ond Required field, but SOS "Accepts" filing (Level-4)

'O' = (O)ptional field. Code is used within this document so that programs which 'read' this document can use a simple and consistent approach for parsing the text.

**Header Record Layout (common to all CAL filing types)**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 3 Record Type. Value: HDR

02 Rx EF\_Type 3 Electronic Filing Type (a.k.a. Form\_Type)

Value: CAL

03 Rx State\_Cd 2 State Code. Value: CA

04 Rx CAL\_Ver 4 CAL Version #. Value: 2.01

05 Rx Soft\_Name 90 Filer Software Name

06 Rx Soft\_Ver 16 Filer Software Version #

07 O HDRcomment 200 Optional comment (only used for

development/testing)

#### N O T E S A B O U T C E R T A I N F I E L D T Y P E S

E.F (.CAL) files are not case sensitive. Rec\_Type, Form\_Type and all "code" fields (e.g. Entity\_Cd, Yes/No fields, Check-box fields), can have values represented in any mix of UPPERCASE or lowercase letters." It is important that software that generates "CAL" files prevents any fields from containing "leading spaces" (e.g. " Text information" has a leading space before the word Text). Fields with leading spaces are not allowed.

Each kind of record must be coded with the exact number of field delimiters necessary to define the number of fields as specified by this document. The number of fields required on CVR and CVR2 records depends on the Form\_Type. All other records have field counts, which vary with the value of Rec\_Type.

**DATES**

All 8 byte date fields must be in CCYYMMDD format. Dates are always coded as 8-digit fields in Century, Year, Month, & Day order.

**AMOUNTS**

Monetary amounts are stored with an "explicit" decimal point, which when coded, must be followed by 1 or 2 (but no more than 2) decimal positions. Embedded commas are not allowed and cause a filing to be rejected. Negative amounts can be represented with a leading hyphen (-) character.

Examples:

123.45 - represents an amount of $123.45

345 - represents an amount of $345.00

-567.8 - represents a negative amount of $567.80

$1,234.00 - invalid & will be rejected (commas & other symbols not

allowed)

1234.00- - invalid & will be rejected (no trailing '-' signs allowed)

**RATES & PERCENTS**

Rates & Percents are expressed as "freeform" text. When a Loan is expressed in terms of a "rate", the value should be represented with an explicit decimal point (e.g. 0.056). If the same "rate" is expressed as a percentage, the % symbol should be used. A rate of 0.056 would be expressed as 5.6%. Percents/Rates are carried in "CAL" files in fields of up to 30-characters.

**NAMES**

Names are carried in 4 explicitly defined fields:

1) Last Name is a 200-character field, which is used for a person's last name

 or is used for the complete name of a non-person entity such as a committee,

 business, ballot measurer name, etc.

2) First name is a 45-character field which is used to store a person's first

 name and any middle name(s) and/or initials. For a person, it's all the

 names excepting the Last Name or surname.

 A Moniker may be included in the first name field. It can be identified

 with surrounding single-quote (') characters. It must not be surrounded

 with double-quote (") characters, because embedded double-quotes (") are

 not allowed within text fields in the CAL format. When displayed or

 printed in CAL-ACCESS, the single-quote characters are shown as double-quotes.

3) Title (or prefix) is used for titles used by a person such as Mr, Mrs, Ms,

 Hon, Rep, Sen, Dr, and so on. Up to 10 characters are allowed.

4) Suffix is used for a person's suffix such as Jr, Sr, II, III, Esquire, etc.

 As many as 10 characters are allowed.

**ADDRESSES**

Addresses must contain a postal "delivery line" (such as a street address or a PO Box), plus city, state code and a 5-digit (or optionally a Zip+4) ZIP Code. In other words, a complete "mailing address" should be given as an "address".

"CAL" records allow for 2 lines of address (in addition to the fields for city, state code and ZIP Code). When only one line of street address is given, it should be a postal delivery line and should be coded in the Address1 field (Address2 field should be blank). When two lines of address are given, the postal delivery line should be coded in Address2 (Address1 will contain "non-delivery" information such as a building name, "attention:" etc.).

**Zip Codes & Zip +4**

Zip Codes are defined as a maximum of 10 characters. Zip Codes can be stored as 5-digit, 9-digit, or as 5-digit/hyphen/4-digit values.

**PHONE NUMBERS**

Phone numbers are coded "freeform" in a 20-character phone field. Any special instructions (e.g. select #3 from the menu) and/or extension numbers should be included in phone number fields.

**YES/NO BOX PAIRS**

Yes/No Boxes are represented on forms and schedules as two separate boxes. They are mutually exclusive in their use; however, if a filer checks both boxes in a Yes/No group, this should be interpreted the same as if neither box is checked. The results are stored in a single field in the electronic file - the only acceptable values in a Yes/No field are blank, "Y" and "N".

**SINGLE CHECK-BOXES**

Check-box fields differ from Yes/No Boxes. Check-boxes reflect either a "positive" response (i.e. the filer has put a check-mark, an "X" or some other kind of marking in the box), or "no response". The lack of a mark in a check-box means only that a "positive" response HAS NOT been made. It does not indicate a "negative" response - the filer might have ignored the check-box on the form.

In electronic filing, check-box fields are coded with an "X" to indicate that the item on the form was "checked". Nothing is coded when the item was not "checked".

**CHECK-BOXES GROUPS**

Forms often have groups of check-boxes where only one box can be checked. These are called "mutually exclusive" check-box groups. The convention used in "CAL" files is to define a single field to represent a group of mutually exclusive check-boxes on a paper form. Code values are defined to represent each possible selection

(e.g. [1|2|3|...] or [A|B|C|...]).

**Note:** The convention in MS Windows is to offer mutually exclusive choices with what

are called "radio buttons".

**Note:** The convention in "CAL" is to define a separate field for each check-box, which is

not part of a mutually exclusive group. (see Single Check-boxes above).

**ENTITY CODES USED ON FORMS & SCHEDULES**

The following Entity Codes are used to indicate various kinds of persons and committees on "Cover Page" (CVR) record types:

 CAO - Candidate/Office-holder (F460, F465, F470, F496, F497, F470S)

 CTL - Controlled Committee (F460, F465, F496, F497, F410, F495)

 RCP - Recipient Committee (F425, F450, F460, F465, F496, F497, F410, F495)

 SMO - Slate Mailer Organization (F401, F498, F400, F402)

 BMC - Ballot Measure Committee (F450, F460, F465, F496, F497, F410, F495)

 MDI - Major Donor/Ind Expenditure (F461, F465, F496, F497)

**ENTITY CODES USED ON FORMS & SCHEDULES (continued)**

LBY - Lobbyist (an individual) (F606, F607, F615, F645)

FRM - Lobbying Firm (F601, F602, F603, F625, F645)

LEM - Lobbying Employer (F601, F602, F603, F635, F645)

LCO - Lobbying Coalition (F601, F602, F603, F635, F645)

IND - Person (spending > $5000) (F645)

The following "Entity Codes" are used to indicate various kinds of persons on "Additional Name/Address" CVR2 record types:

AGY - State Agency (F603)

ATH - Authorizing Individual (F400)

ATR - Assistant Treasurer (F410, F425, F450, F460)

BNM - Ballot Measure's Name/Title (F410, F460-Part5a)

CAO - Cand/Officeholder (F410, F460-Part4a, F460-Part5b, F460-Part6, F465)

COM - Committee (F400, F460-Part4b, F470-Part4)

CTL - Controlled Committee (F410, F460-Part4b, F470-Part4)

EMP - Employer (F625, F635, F603)

FRM - Lobbying Firm (F603)

MBR - Member of Association (F602)

OFF - Officer (F465-Part5, F625, F635)

OWN - Owner (F625, F635)

POF - Principal Officer (F400, F410, F465)

PRO - Proponent (F410, F460-Part5b)

PTN - Partner (F625, F635)

RCP - Recipient Committee (F400, F460-Part4b, F470-Part4)

SCL - Subcontracted Client (F602)

SPO - Sponsor (F410)

 **Note:** F460 Part4a/Part4b & Part5a/Part5b refer to the "upper"/"lower" portions of

 Parts 4 and 5 located on the 460's second cover page.

The following CVR2 "Item Codes" indicate which Section within F400 & F410 reports the Entity is to be listed:

ATR - (Item\_Cd) Assistant Treasurer (F410)

POF - (Item\_Cd) Principal Officer (F400, F410)

CTL - (Item\_Cd) Controlled Committee (F410)

PFC - (Item\_Cd) Primarily Formed Committee Item (F410)

SPO - (Item\_Cd) Sponsored Committee Itemization (F410)

SMA - (Item\_Cd) Slate Mailer Authorizer (F400)

**ENTITY CODES USED ON FORMS & SCHEDULES (continued)**

The following Entity Codes are used to indicate various kinds of persons on "verification" CVR3 record types:

TRE - Treasurer/Assistant Treasure

CAO - Candidate/Office Holder

OFF - Officer (Responsible)

PRO - Proponent

SPO - Sponsor

The following Entity Codes are used to indicate various kinds of persons and organizations on various schedules including RCPT, EXPN, and LOAN record types:

COM - Committee

RCP - Recipient Committee

IND - Individual

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

**LOBBYING ACTIVITY DESCRIPTION (Lby\_Actvty on Lobbyist CVR & LPAY records)**

If additional space is needed to describe this activity, attach a text memo record describing the activity to the filing. When reporting lobbying activity, the preferred format to identify bills is the type of bill followed by the bill number. Each bill is separated by a space character or comma. Putting a white space between the bill type and bill number is optional. Formatting the information in this manner provides the public with better access to bill information. The following variations comply with this definition.

AB26 AB30, SB300, SB 285 AB 325,SB203, AB 25

The codes recognized by the system are AB, AC, ACA, ACR, AJR, HR, SB, SCA, SCR, SJR, and SR. In addition, any of these codes followed by an X and a single digit (for example ABx7 or ABx 7) will be recognized.

#### OFFICE CODES USED ON FORMS & SCHEDULES

 **Statewide Offices**

GOV - Governor

LTG - Lieutenant Governor

SOS - Secretary of State

CON - State Controller

ATT - Attorney General

TRE - State Treasurer

INS - Insurance Commissioner

SUP - Superintendent of Public Instruction

SPM - Supreme Court Justice

 **State District Offices**

SEN - State Senator

ASM - State Assembly Person

BOE - Board of Equalization Member

PER - Public Employees Retirement System

APP - State Appellate Court Justice

 **City, County and Local Offices**

ASR - Assessor

BED - Board of Education

BSU - Board of Supervisors

CAT - City Attorney

CCB - Community College Board

CCM - City Council Member

COU - County Counsel

CSU - County Supervisor

CTR - Local Controller

DAT - District Attorney

MAY - Mayor

PDR - Public Defender

PLN - Planning Commissioner

SHC - Sheriff-Coroner

SCJ - Superior Court Judge

TRS - Local Treasurer

 **Miscellaneous / Other**

OTH - Other

**PAYMENT PURPOSE CODES USED FOR “Payments to Influence” schedules**

The following codes are used in detail records reported on Form 640. The codes are to be included as part of the first six (6) characters of the [RECIP\_NAML] field as described on page 82 of this document. Complete definitions of the codes are contained in the California Code of Regulations, Section 18616, amended January 21, 2016. The brief descriptions of the codes are as follows:

S – Salary and compensation of employees other than lobbyists

E – Expenses incurred by a lobbyist and paid directly by the filer

L – Legislative related services performed by a lobbying firm

C – Consultants and governmental relations…other than a lobbying firm

P – Public affairs

A – Advertising including billboards, print, radio, television, text, email, and other electronic advertising

R – Research including feasibility studies, analysis, polling, and public opinion

V – Lobbying events including planning, rentals, equipment, and transportation

O – All other payments not covered by one of the above-listed categories

#### EXPENSE CODES USED ON 460 EXPENSE SCHEDULES

These 3-character codes have been described by the FPPC for use on F460 / Schedules E, F and G. CALACCESS uses these codes universally on other forms & schedules when Expense Amounts require categorization.

----------------------------------------------------------------------------------

CMP - campaign paraphernalia/miscellaneous

CNS - campaign consultants

CTB - contribution (if nonmonetary, explain)\*

CVC - civic donations

FIL - candidate filing/ballot fees

FND - fundraising events

IND - independent expenditure supporting/opposing others (explain)\*

LEG - legal defense

LIT - campaign literature and mailings

MBR - member communications

MTG - meetings and appearances

OFC - office expenses

PET - petition circulating

PHO - phone banks

POL - polling and survey research

POS - postage, delivery and messenger services

PRO - professional services (legal, accounting)

PRT - print ads

RAD - radio airtime and production costs

RFD - returned contributions

SAL - campaign workers salaries

TEL - T.V. or cable airtime and production costs

TRC - candidate travel, lodging and meals

TRS - staff/spouse travel, lodging and meals

TSF - transfer between committees of the same candidate/sponsor

VOT - voter registration

WEB - information technology costs (Internet, e-mail)

**Note:** For Schedule D "Type of payment", codes "MON, "IKD" and "IND are the only valid codes. IKD and IND require an explanation.

**CALACCESS Expense Codes which are not explicitly listed on FPPC forms.**

MON - Monetary contribution - this code means that the contribution is

 specifically a monetary contribution. It is not an allowable value for

 Schedules E, F & G on F460 filings. It can be coded as a value on

 Schedule D, and on the F450P5, F461P5 and F465P3 schedules.

IKD - Non-monetary contribution - this code means that the contribution is

 specifically a non-monetary contribution. It is not an allowable

 value for Schedules E, F & G on F460 filings. It can be coded as a

 value on Schedule D, and on the F450P5, F461P5 and F465P3

 schedules.

LON - Loan - This is a "generic" code meaning that a F461P5 contribution

 is a Loan. Other Codes used on F461P5 are 'MON', 'CTB' & 'IND'.

**AMENDMENTS TO FORMS**

When a filing is received, the CALACCESS system assigns a unique identifier known as the Filing Id. This filing id is printed on the acknowledgement notification that is emailed to you. The id is always preceded by "CA-" (i.e. CA-999999). You will need to use this filing id when amending this form. The id must be entered at the time of uploading your file to our system using the CALOAD utility. This id is entered in the area titled: **This filing amends filing id:** Along with sending us this id through the CALOAD utility, you need to increase the number in the field "Report\_Num" found in every CVR record. This number must be increased according to what amendment number you are sending (i.e. 001 = first amendment, 002 = second amendment).

 **999999**

**Note:** Your file will be rejected under the following conditions:

* You failed to provided a Filing Id, and Report\_Num is greater than zero.
* You send the Report\_Num out of sequence. (i.e. Report\_Num = 003, but we have not received 002 yet, or Report\_Num = 002, and we already have 002 on file)

**Please view AMENDMENT PROCESSING OF ITEMS IN SCHEDULES found in the next page for additional amendment information.**

##### AMENDMENT PROCESSING OF ITEMS IN SCHEDULES

Tran\_ID: A unique identifier permanently associated with each itemization or transaction appearing in a CAL electronic file. If a given itemization appears in more than one schedule (e.g. a forgiven loan is reported on both Schedule A and Schedule B) then the Tran\_ID associated with that itemization can either have the same value or different values for that single item among the various schedules. However, all Tran\_IDs of itemizations appearing in any amending report must match the Tran\_IDs first used for those same itemizations in the original report.

The Tran\_ID assigned and maintained by the filer's software is used by the California SOS's database to uniquely identify each itemization from every schedule and from every filer. It is critically important that when a filer amends a previously filed electronic report, the Tran\_IDs of the subsequent amendment match those already reported. It is acceptable for a Tran\_ID of one original report to be assigned a value that was used on a previous original report. Tran\_IDs must be unique WITHIN a report group - that is an original report and all of its amendments.

Although software will assign a Tran\_ID to a dollar itemization on almost all schedules, this is not so with the 460's Schedule F. "Schedule" F is a series of summarization's - the main entries are summarization's for a payee/creditor. Therefore Tran\_IDs on Schedule F will be unique identifiers used for the payee/creditor entity. Sub-itemizations on Schedule F that show new incurred expenses for the reporting period will, however, be assigned Tran\_IDs for the individual incurred expense items.

A unique Tran\_ID must also be assigned to each CVR2 and CVR3 record. Since these are not "money" records, the Tran\_ID will be a unique identifier that is assigned to the Entity who/which is coded in each CVR2 and CVR3 record.

#### MEMOS, NOTES & EXPLANATORY TEXT

Large bodies of text can be associated with forms and also with individual itemizations within schedules. A special TEXT record can be used in a CAL file to carry descriptive text as a string of characters not exceeding 4000 characters.

TEXT records can be associated with a filing's "cover" page, with a schedule as a whole, and to one or more individual itemizations within a schedule.

The contents of TEXT records are printed on "pages" following the form(s) to which they are related. For example, a body of TEXT related to a cover form will be shown following that form. Likewise, TEXT related to a schedule (as a whole and/or itemizations within that schedule) is printed on pages after the last detailed itemization of the particular schedule. Depending on the amount of "white space" available on a form, the print rendering software in CALACCESS will attempt to "fit" short text memos within the immediate proximity of the item to which the memo is attached, otherwise it is printed on separate "pages".

CAL layouts for Schedules include a field named Memo\_RefNo. This is a value assigned by the filer and is printed within the itemization area of the printed schedule as a "reference" to the memo text that is printed after the last detailed itemization in the schedule. Memo\_RefNo can be thought of as being like a footnote reference.

**The layout of the TEXT record is described below:**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: TEXT

02 Rx Form\_Type 8 Contains 'Form\_Type' of a "cover" Form (F4\*\*,

F6\*\*) or a Schedule (e.g. A,B1,C,E, ...) to which this text/memo/note is related.

 Values: (F4\*\*, F6\*\*, any schedule name)

03 O Ref\_No 20 The value contained in a schedule itemization's

 'Memo\_RefNo' field.

04 R Text4000 4000 A string of unformatted text up to 4000

characters.

**Note:** no tab, carriage return, line feed or any other non-printable characters

may be embedded within the string of text.

**Examples:**

TEXT,F460,,"Some general notes about this 460 filing are given here."

TEXT,A,,"Some general notes about Schedule A in this 460 filing."

TEXT,C,123,"A long memo for an item in Schedule C that references Memo 123."

BACK-REFERENCING TO RELATE "CHILD" SUBITEMIZATIONS BACK TO "PARENT" ITEMIZATIONS

Schedules that can have child records have a new BakRef\_TID field are:

Disclosure Report Report/Schedule Rec Type

401 Slate Mailer Camp Stmt: 401/B S401

460 Campaign Statement: 460/A; 460/C; 460/I RCPT

460 Campaign Statement: 460/D; 460/E; 460/G EXPN

460 Campaign Statement: 460/B1; 460/B2; 460/H LOAN

460 Campaign Statement: 460/F DEBT

BACK-REFRENCING TO RELATE "CHILD" SUBITEMIZATIONS BACK TO "PARENT" ITEMIZATIONS (Cont.)

Lobbyist Activity Expenses 615/P1; 625/P3-A; LEXP

635/P3-C; 645/P2

Lobbyist Payments Received: 625/P2 LPAY

Lobbyist Payments Made: 635/P3-B LPAY

Lobbyist Pol Contribs Made: 615/P2; 625/P4-B; LCCM

635/P4-B; 645/P3-B

The BakRef\_TID of a "sub-itemization" (a "child" record in programmer talk) is used to "refer back" to the main itemization record in a schedule. A sub-itemization (like a "memo" record where Memo\_Code=X) does not count toward any schedule or summary page dollar totals. It is an informational record.

A non-blank BakRef\_TID both indicates that a record is a "child" record, and also points (refers back) to the main itemization or "parent" record. The value that is coded into the BakRef\_TID of a child record is that of the Tran\_ID belonging to the parent record.

The CALACCESS system maintains references so that entities listed in "sub-itemizations" can be located in queries of the CALACCESS database.

The 460 Schedule G is a special case where ALL entries on that form are really sub-itemizations for items that appear on the 460's Schedule E or Schedule F. Filers have the option of coding Schedule E/F sub-itemizations within Schedules E/F themselves, or separately on Schedule G. CALACCESS will maintain references from child records on Schedule G back to the parent records on Schedule E/F by using Schedule G's BakRef\_TIDs (which are required on Sched G). A field called G\_From\_E\_F on the EXPN layout is used for Schedule G "child" records to indicate whether the "parent" record is found on Schedule E or Schedule F.

Programmers should note that "parent" records on the F460's Schedule F are assigned Tran\_IDs that are unique for the Payee/Creditor or are unique for the "debt". However, "child" sub-itemizations of new incurred expenses and new payments are assigned Tran\_ID's unique to the incurred item. The values in BakRef\_TID's in Schedule F need to take this into account.

**Child Records:**

**SPLIT TRANSACTION RECORD**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 6 Record Type Value: SPLT

02 Rx Pform\_Type 6 Parent Schedule Type.

Values: A, B1, B2, C, D, H, F450P5.

03 Rx Ptran\_Id 20 Parent Tran\_ID.

04 R Elec\_Date 8 Date of Election

05 R Elec\_Amount 12 Per Election to Date Amount

06 R Elec\_Code 2 Per Election to Date Code. Values: P, G, S, R.

(P = Primary, G = General, S = Special, R =

Runoff)

**Note:** A parent RCPT Record could have one or many SPLT records. Here is a little sample of some ways the child split record may be used:

 1 to many

RCPT -------------------------> SPLT

Record Samples

RCPT,A,MC5, etc...... (Parent)

SPLT,A,MC5, etc...... (Child)

SPLT,A,MC5, etc...... (Child)

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**S e c t i o n 1 - C a m p a i g n D i s c l o s u r e R e p o r t s**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

 **401** Slate Mailer Organization Campaign Statement

 **425** Semi-Annual Statement of no Activity

 **450** Recipient Committee Campaign Disclosure Statement - Short Form

 **460** Recipient Committee Campaign Statement

 **461** Independent Expenditure Committee and Major Donor Committee

 Campaign Statement

 **465** Supplemental Independent Expenditure Report

 **470** Officeholder and Candidate Campaign Statement - Short Form

 **495** Supplemental Pre-Election Campaign Statement

 **496** Late Independent Expenditure Report

 **497** Late Contribution Report

 **498** Slate Mailer Late Payment Report

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

#### Electronic File Components by Filing Type

RecType FormName Description

 HDR CAL "CAL" Header record

 CVR F401 Cover Page; Slate Mailer Organization

 CVR3 F401 Cover Page; Part IV; Verification Information

 SMRY F401 Summary Page & Misc. Schedule Line-item [sub]totals

 RCPT F401A Payments Received

 S401 F401B Payments Made

 S401 F401B-1 Payments Made by Agent/Contractor on Behalf of SMO

 S401 F401C "F400" Persons in SMO Receiving $1000 or more

 S401 F401D Candidates/Measurers not on Schedule F401A

 HDR CAL "CAL" Header record

 CVR F425 Cover Page; Semi Annual Statement of No Activity

 CVR2 F425 Cover Page; Part 1; Assistant Treasurer

 CVR3 F425 Cover Page; Part 3; Verification Information

 HDR CAL "CAL" Header record

 CVR F450 Cover Page; Recipient Committee

 CVR2 F450 Cover Page; Part 3; Assistant Treasurer

 CVR3 F450 Cover Page; Verification Information

 F495 F450 Supplemental Pre-Election Statement (a.k.a. Form 495)

 SMRY F450 Summary Page & Misc. Schedule Line-item [sub]totals

 EXPN F450P5 Expenditures & Contributions Made

SPLT Child Split Transaction Record - Used as a child record for

schedules: A, B1, B2, C, D, H and/or F450P5 when

disclosing Per Election to Date information.

HDR CAL "CAL" Header record

CVR F460 Cover Page; Recipient Committee Campaign Statement

CVR2 F460 Cover Page; Additional Committees, Asst. Treasurer, etc.

CVR3 F460 Cover Page; Part 4; Verification Information

F495 F460 Supplemental Pre-Election Statement (a.k.a. Form 495)

SMRY F460 Summary Page & Misc. Schedule Line-item [sub]totals

RCPT A Schedule A Monetary Contributions Received

LOAN B1 Schedule B Part 1 - Loans Received

LOAN B2 Schedule B Part 2 - Loan Guarantors

RCPT C Schedule C - Nonmonetary Contributions Received

EXPN D Schedule D - Summary of Expenditures - Support/Oppose…

EXPN E Schedule E - Payments Made

DEBT F Schedule F - Accrued Expenses (Unpaid Bills)

EXPN G Schedule G - Payments Made "on behalf" of this Committee

LOAN H Schedule H - Loans Made to Others

RCPT I Schedule I - Miscellaneous Increases to Cash

SPLT Child Split Transaction Record - Used as a child record for

schedules: A, B1, B2, C, D, H and/or F450P5 when

disclosing Per Election to Date information.

RecType FormName Description

HDR CAL "CAL" Header record

CVR F461 Cover Page; Ind Expenditure & Major Donor Committee

CVR3 F461 Cover Page; Part 4; Verification Information

F405 F461 Amendment Information sheet (a.k.a. Form 405)

SMRY F461 Summary Page & Misc. Schedule Line-item [sub]totals

EXPN F461P5 Expenditures & Contributions Made

HDR CAL "CAL" Header record

CVR F465 Cover Page; Supplemental Independent Expenditure Rpt

CVR2 F465 Cover Page; Part V Filing Officer Titles & Addresses

CVR3 F465 Cover Page; Part VII; Verification Information

SMRY F465 Summary Page & Misc. Schedule Line-item [sub]totals

EXPN F465P3 Independent Expenditures Made

HDR CAL "CAL" Header record

CVR F470 Cover Page; Officeholder/Cand Short Form & Supplement

CVR2 F470 Cover Page; Part IV; Committee Names & Addresses

CVR3 F470 Cover Page; Part V; Verification Information

HDR CAL "CAL" Header record

CVR F496 Cover Page; Late Independent Expenditure Report

S496 F496 Independent Expenditures Made

RCPT F496P3 Contributions of $100 or More Received

HDR CAL "CAL" Header record

CVR F497 Cover Page; Late Contribution Report

S497 F497P1 Late Contributions Received

S497 F497P2 Late Contributions Made

HDR CAL "CAL" Header record

CVR F498 Cover Page; Slate Mailer Late Payments Report

S498 F498-R Late Payments Received From:

S498 F498-A Late Payments Attributed To:

COVER PAGE RECORD LAYOUT FOR F401, F450, F460, F461 DISCLOSURE REPORTS

 F425 STATEMENT OF NO ACTIVITY

 F465 SUPPLEMENTAL INDEPENDEDNT EXPENDITURE

 F496, F497, F498 LATE CONTRIB/EXPEND REPORTS

=================================================================

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 3 Record Type Value: CVR

02 Rx Form\_Type 4 Type of Filing or Form set.

 Values: F401; F425; F450; F460; F461; F465;

 F496; F497; F498

03 Rx Filer\_ID 9 Committee ID number of Filer

04 O Entity\_Cd 3 Values:

CAO - Candidate/Office-holder (F460, F465, F496, F497)

CTL - Controlled Committee (F460, F465, F496, F497)

RCP - Recipient Committee (F460, F425, F450, F465, F496, F497)

SMO - Slate Mailer Organization (F401, F498)

BMC - Ballot Measure Committee (F460, F450,

F465, F496, F497)

MDI - Major Donor/Ind Expenditure (F461,

F465, F496, F497)

05 Rx Filer\_NamL 200 Filer's Last name

06 C Filer\_NamF 45 Filer's First name(s) (Required for persons)

07 O Filer\_NamT 10 Filer's Prefix or Title

08 O Filer\_NamS 10 Filer's Suffix

09 Rx Report\_Num 3 Report Number - Values:

000 - Original Report

 001-999 - Amended Rpt #1-#999

10 Rx Rpt\_Date 8 Date this report is filed

COVER PAGE LAYOUT FOR DISCLOSURE REPORTS (Continued)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

11 Cx Stmt\_Type 2 Type of Statement - Values:

 PE = Pre-Election (F450, F460)

 SE = Supplemental Pre-elect (F450,

F460, F495)

 SY = Special Odd-Yr. Campaign (F450, F460)

 SA = Semi-annual (F450, F460)

 TS = Termination Statement (F450, F460)

 QT = Quarterly Stmt (F450,F460)

 S1 = Semi-Annual (Jan1-Jun30) (F425)

 S2 = Semi-Annual (Jul1-Dec31) (F425)

 (Null value {not Req.} on F461, F401, F465,

F496, F498, F497)

12 Cx Rpt\_ID\_Num 30 Identifying Report Number on a Late

Ctrib/Payment Rpt or an Ind Exp Report (Req. on F465, F496, F497 & F498). (This user assigned value is printed in the Report No. and Amended Report No. fields on 496 & 497 forms and is printed on electronic versions of 465 & 498 forms.)

13 Cx From\_Date 8 Reporting Period From Date (not Req. on

F496, 497, 498)

14 Cx Thru\_Date 8 Reporting Period Through Date (not Req. on

F496, 497, 498)

15 C Elect\_Date 8 Date of the Election (Req. on F450,

F460, F461, F465)

16 R Filer\_Adr1 55 Street 1 of Filing Entity

17 O Filer\_Adr2 55 Street 2 of Filing Entity

18 R Filer\_City 30 City of Filing Entity

19 R Filer\_ST 2 State of Filing Entity

20 R Filer\_ZIP4 10 ZIP+4 of Filing Entity

21 O Filer\_Phon 20 Phone Number of Filing Entity

22 O Filer\_FAX 20 FAX Phone

23 O File\_Email 60 Email

COVER PAGE LAYOUT FOR DISCLOSURE REPORTS (Continued)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

24 O Mail\_Adr1 55 Street 1 Mailing Address of Filer (if different)

25 O Mail\_Adr2 55 Street 2 Mailing Address of Filer (if different)

26 C Mail\_City 30 City Mailing Address of Filer (if different)

27 C Mail\_ST 2 State Mailing Address of Filer (if different)

28 C Mail\_ZIP4 10 ZIP+4 Mailing Address of Filer (if different)

(Tres. fields #29 - 40 not used on F496 & F497 filings)

29 C Tres\_NamL 200 Treasurer or Responsible Officer's Last name

30 C Tres\_NamF 45 Treasurer or Responsible Officer's First name

31 O Tres\_NamT 10 Treasurer or Responsible Officer's Prefix or

Title

32 O Tres\_NamS 10 Treasurer or Responsible Officer's Suffix

33 C Tres\_Adr1 55 Treasurer or Responsible Officer Street 1

34 O Tres\_Adr2 55 Treasurer or Responsible Officer Street 2

35 C Tres\_City 30 Treasurer or Responsible Officer City

36 C Tres\_ST 2 Treasurer or Responsible Officer State

37 C Tres\_ZIP4 10 Treasurer or Responsible Officer ZIP+4

38 O Tres\_Phon 20 Treasurer or Responsible Officer Phone

39 O Tres\_FAX 20 FAX Phone

40 O Tres\_Email 60 Email Address

41 C Cmtte\_Type 1 Type of Recipient Committee (Req on F450 &

F460)

 Value: C = Cand/Officeholder Controlled Cmtte

[460]

 P = Cand/Officeholder Primarily Formed

[450|460]

 B = Ballot Measure Committee [450|460]

 G = General Purpose Committee [450|460]

Note: Fields 42 through 45 are not used when Cmtte\_Type = P (Please leave null)

COVER PAGE LAYOUT FOR DISCLOSURE REPORTS (Continued)

------ Following fields used when Form\_Type = F460 and Cmtte\_Type = C ------

42 C Flag1\_YN 1 State Candidate Elec Committee?

 Value: "Y" or "N"

43 C Flag2\_YN 1 Recall Indicator?

 Value: "Y" or "N"

Note Field 44 & 45 are not used when Cmtte\_Type = C, please leave null

------ Following fields used when Form\_Type = F460 or F450 and Cmtte\_Type = B -----

42 C Flag1\_YN 1 Primarily Formed Committee?

 Value: "Y" or "N"

43 C Flag2\_YN 1 Controlled Committee? Value: "Y" or "N"

44 C Flag3\_YN 1 Sponsored?

 Value: "Y" or "N"

45 C Flag4\_YN 1 Not used when Cmtte\_Type = B

------ Following fields used when Form\_Type = F460 or F450 and Cmtte\_Type = G -----

42 C Flag1\_YN 1 Sponsored?

 Value: "Y" or "N"

43 C Flag2\_YN 1 Small Contributor Committee?

 Value: "Y" or "N"

44 C Flag3\_YN 1 Political Party/Central Committee?

 Value: "Y" or "N"

45 C Flag4\_YN 1 Not used when Cmtte\_Type = G

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

46 C AmendExp\_1 100 Amendment Explanation line 1

47 O AmendExp\_2 100 Amendment Explanation line 2

48 O AmendExp\_3 100 Amendment Explanation line 3

(Req if Report\_Num > 0, and Form\_Type = F460, F496, or F497)

COVER PAGE LAYOUT FOR DISCLOSURE REPORTS (Continued)

#### COVER PAGE LAYOUT FOR DISCLOSURE REPORTS - VARIABLE PORTIONS

**Note:** Remainder of CVR record starting with Field #49 is

 parsed depending on the value contained Form\_Type.

**Note:** Forms F425, F450, F497 & F498 do not use variable part of CVR layout.

------ Following variable fields used when Form\_Type=F401 -------------------

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

49 O Rpt\_Att\_CB 1 Committee Report "Attached" check-box

50 C Cmtte\_ID 9 Committee ID (Filer\_ID) of Recipient

Committee

51 C ReportName 3 Campaign Disclosure Statement - Value:

[450|460|461]

52 C RptFromDt 8 Campaign Disclosure Statement - Period From

Date

53 C RptThruDt 8 Campaign Disclosure Statement - Period

Through Date

COVER PAGE LAYOUT FOR DISCLOSURE REPORTS (Continued)

------ Following variable fields used when Form\_Type=F461 -------------------

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

49 O EmplBus\_CB 1 Employer/Business info included check-box

50 C Bus\_Name 200 Name of Employer/Business

51 C Bus\_Adr1 55 Employer/Business Street 1

52 O Bus\_Adr2 55 Employer/Business Street 2

53 C Bus\_City 30 Employer/Business City

54 C Bus\_ST 2 Employer/Business State

55 C Bus\_ZIP4 10 Employer/Business ZIP+4

56 C Bus\_Inter 40 Employer/Business Interests

57 O BusAct\_CB 1 Business Activity info included check-box

58 C BusActvity 90 Business Activity description

59 O Assoc\_CB 1 Association Interests info included check-box

60 C Assoc\_Int 90 Association Interests description

61 O Other\_CB 1 Other Entity Interests info included check-box

62 C Other\_Int 90 Other Entity Interests description

------ Following variable fields used when Form\_Type =[F460|465|496] -----

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

49 R Cand\_NamL 200 Candidate/Officeholder's Last name

50 R Cand\_NamF 45 Candidate/Officeholder's First name

51 O Cand\_NamT 10 Candidate/Officeholder's Prefix or Title

52 O Cand\_NamS 10 Candidate/Officeholder's Suffix

53 R Cand\_Adr1 55 Candidate/Officeholder Street 1

54 O Cand\_Adr2 55 Candidate/Officeholder Street 2

55 R Cand\_City 30 Candidate/Officeholder City

56 R Cand\_ST 2 Candidate/Officeholder State

57 R Cand\_ZIP4 10 Candidate/Officeholder ZIP+4

58 O Cand\_Phon 20 Candidate/Officeholder Phone

59 O Cand\_FAX 20 FAX Phone Number {not mapped to present

FPPC forms}

60 O Cand\_Email 60 Email Address {not mapped to present FPPC

forms}

COVER PAGE LAYOUT FOR DISCLOSURE REPORTS (Continued)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

61 C Bal\_Name 200 Ballot Measure Name

62 C Bal\_Num 3 Ballot Number or Letter

63 C Bal\_Juris 40 Jurisdiction of Ballot Measure

64 C Office\_Cd 3 Office Sought (See table of code in Overview)

65 C Offic\_Dscr 40 Office Sought Description (Req. if

Office\_Cd=OTH)

66 C Juris\_Cd 3 Office Jurisdiction Code Values:

STW=Statewide;

 SEN=Senate District; ASM=Assembly District;

 BOE=Board of Equalization District;

 CIT=City;

CTY=County;

LOC=Local;

OTH=Other

67 C Juris\_Dscr 40 Office Jurisdiction Description

 (Req. if Juris\_Cd=[CIT|CTY|LOC|OTH]

68 C Dist\_No 3 Office District Number (Req. if Juris\_Cd =

[SEN|ASM|BOE]

69 O Off\_S\_H\_Cd 1 Office Sought/Held Code: H=Held; S=Sought

70 R Sup\_Opp\_Cd 1 Support/Oppose? Values: S; O

Note: Additional Cover Page information is found in the CVR2 and CVR3 records. Please refer to these records for additional instructions.

COVER PAGE RECORD LAYOUT FOR F470 OFFICEHOLDER/CAND SHORT/SUPPLEMENT

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 3 Record Type Value: CVR

02 Rx Form\_Type 4 Type of Filing or Form set. Value: F470

03 Rx Filer\_ID 9 Committee ID number of Filer

04 O Entity\_Cd 3 Values: CAO - Candidate/Office-holder

05 Rx Filer\_NamL 200 Filer's Last name

06 R Filer\_NamF 45 Filer's First name(s) (Required for persons)

07 O Filer\_NamT 10 Filer's Prefix or Title

08 O Filer\_NamS 10 Filer's Suffix

09 Rx Report\_Num 3 Report Number - Values: 000 - Original Report

001-999 - Amended Rpt #1-#999

10 Rx Rpt\_Date 8 Date this report is filed

11 R Cand\_Adr1 55 Street 1 of Filing Candidate/Officeholder

12 O Cand\_Adr2 55 Street 2 of Filing Candidate/Officeholder

13 R Cand\_City 30 City of Filing Candidate/Officeholder

14 R Cand\_ST 2 State of Filing Candidate/Officeholder

15 R Cand\_ZIP4 10 ZIP+4 of Filing Candidate/Officeholder

16 O Cand\_Phon 20 Phone of Filing Candidate/Officeholder

17 O Cand\_FAX 20 FAX Phone Number {not mapped to present

FPPC forms}

18 O Cand\_Email 60 Email Address {not mapped to present FPPC

forms}

19 R Office\_Cd 3 Office Sought (See table of code in Overview)

20 C Offic\_Dscr 40 Office Sought Description (Req. if

Office\_Cd=OTH)

21 R Juris\_Cd 3 Office Jurisdiction Code Values:

STW = Statewide;

 SEN=Senate District; ASM=Assembly District;

 BOE=Board of Equalization District;

 CIT=City;

CTY=County;

LOC=Local;

OTH=Other

COVER PAGE RECORD LAYOUT FOR F470 OFFICEHOLDER/CAND SHORT/SUPPLEMENT (Continue)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

22 C Juris\_Dscr 40 Office Jurisdiction Descrip

 (Req. if Juris\_Cd=[CIT|CTY|LOC|OTH]

23 C Dist\_No 3 Office District Number (Req. if Juris\_Cd =

[SEN|ASM|BOE]

24 O Off\_S\_H\_Cd 1 Office Sought/Held Code: H=Held; S=Sought

25 C Elect\_Date 8 Date of the General Election

(Req. in even years)

26 O Date\_1000 8 Date Contribs Totaling 1,000 or more Received

Code F470/Part-4 Name/Addr info for Related Committees on CVR2 records with

 CVR2.Entity\_Cd=['COM'|'CTL'|'RCP'].

**COVER PAGE - {{2} ADDITIONAL NAMES/COMMITTEES SECTION} RECORD LAYOUT**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: CVR2

02 Rx Form\_Type 4 Form\_Type (must equal Form\_Type in CVR

record)

 Values: F425; F450; F460; F465; F470;

 {F400; F410 - See Section 2};

 {F625; F635 - See Section 3};

 {F601; F602; F603 - See Section 4}

03 Rx Tran\_ID 20 Transaction ID - permanent value unique to

this item

**Note:** Remainder of CVR2 record is parsed depending on value of Form\_Type.

See Section 2 for CVR2 layouts used with F400 & F410 filings.

 See Section 3 for CVR2 layouts used with F625 & F635 filings.

 See Section 4 for CVR2 layouts used with F601, F602 & F603 filings.

Code F425/Part-1 & F450/Part-3 Name/Address info for Assistant Treasurer on

 CVR2 records with CVR2.Entity\_Cd='ATR'.

Code F460 Name/Addr info for Assistant Treasurer on CVR2 records with

 CVR2.Entity\_Cd='ATR' and CVR2.F460\_Part='3'.

Code ADDITIONAL F460/Part-5a Officeholder/Candidate info on CVR2 records with

 CVR2.Entity\_Cd='CAO' and CVR2.F460\_Part='5a'.

Code F460/Part-5b Name/Addr info for Related Committees on CVR2 records with

 CVR2.Entity\_Cd=['COM'|'CTL'|'RCP'] and CVR2.F460\_Part='5b'.

Code ADDITIONAL F460/Part-6a Ballot Measure info on CVR2 records with

 CVR2.Entity\_Cd='BNM' and CVR2.F460\_Part='6a'.

Code F460/Part-6b Officeholder/Candidate/Proponent info on CVR2 records with

 CVR2.Entity\_Cd=['CAO'|'PRO'] and CVR2.F460\_Part='6b'.

Code F460/Part-7 Name/Addr info for Candidate/Officeholder on CVR2 records with

 CVR2.Entity\_Cd='CAO' and CVR2.F460\_Part='7'.

Code F465/Part-5 Name/Addr info for Filing Officers on CVR2 records with

 CVR2.Entity\_Cd='OFF'.

**------ Following variable F465 {Part V} fields used when Form\_Type=F465 ------**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

04 O Entity\_Cd 3 Values:

CAO - Candidate/Officeholder

 POF - Principal (filing) officer

05 R Title 90 Official Title of Filing Officer

06 R Mail\_Adr1 55 Address

07 O Mail\_Adr2 55 Optional 2nd line of Address

08 R Mail\_City 30 City

09 R Mail\_ST 2 State code

10 R Mail\_ZIP4 10 Zip+4

------ Following fields used for F425 Part/1; F450 Part/3; F460 (Parts 3, 5a,

------ 5b, 6a, 6b & 7) and F470/Part IV when Form\_Type=[F425|F450|F460|F470].

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

04 Rx Entity\_Cd 3 Values:

 ATR - Assistant Treasurer (F425-P1, F450-P3,

F460-P3)

CAO - Cand/Officeholder (F460-P5a\*, F460-P6b, F460-P7)

 COM - Committee (F460-P5b & F470-P4)

 CTL - Controlled Cmtte (F460-P5b & F470-P4)

 RCP - Recipient Cmtte (F460-P5b & F470-P4)

 PRO - Proponent (F460-P6b)

 BNM - Ballot Measure (F460-P6a\*)

**\* Note:**CVR2 record(s) used for ADDITIONAL entries on F460 Part-5a and F460 Part-6a (if any).

05 Cx F460\_Part 2 Part of 460 cover page coded on this CVR2

record. Values: 3, 5a, 5b, 6a, 6b, or 7.

(Req on F460 filings)

**Note:** 5a/5b & 6a/6b are "top/bottom" of Parts 5 & 6

06 C Cmte\_ID 9 Committee ID (Req. when Entity\_Cd =

[COM|CTL|RCP)

COVER PAGE - {{2} ADDITIONAL NAMES/COMMITTEES SECTION} RECORD LAYOUT

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

07 R Enty\_NamL 200 Entity [Last] Name (Committee, Candidate,

etc.)

08 C Enty\_NamF 45 Entity's First name (Req. when Entity\_Cd =

CAO)

09 O Enty\_NamT 10 Entity's Prefix or Title

10 O Enty\_NamS 10 Entity's Suffix

11 C Enty\_Adr1 55 Street 1 of Filing Committee

12 O Enty\_Adr2 55 Street 2 of Filing Committee

13 C Enty\_City 30 City of Filing Committee

14 C Enty\_ST 2 State of Filing Committee

15 C Enty\_ZIP4 10 ZIP+4 of Filing Committee

16 O Enty\_Phon 20 Phone of Filing Committee

17 O Enty\_FAX 20 FAX Phone Number {not mapped to present

FPPC forms}

18 O Enty\_Email 60 Email Address {not mapped to present FPPC

forms}

19 C Tres\_NamL 200 Treasurer's Last name

20 C Tres\_NamF 45 Treasurer's First name

21 O Tres\_NamT 10 Treasurer's Prefix or Title

22 O Tres\_NamS 10 Treasurer's Suffix

23 C Control\_YN 1 Controlled Committee? Yes/No (Req. on

F460/P4)

24 C Office\_Cd 3 Office Sought (See table of code in Overview)

25 C Offic\_Dscr 40 Office Sought Description

(Req. if Office\_Cd = OTH)

26 C Juris\_Cd 3 Office Jurisdiction Code Values:

STW=Statewide;

SEN=Senate District;

ASM=Assembly District;

BOE=Board of Equalization District;

CIT=City;

CTY=County;

LOC=Local;

OTH=Other

27 C Juris\_Dscr 40 Office Jurisdiction Descrip

 (Req. if Juris\_Cd=[CIT|CTY|LOC|OTH]

28 C Dist\_No 3 Office District Number (Req. if Juris\_Cd =

[SEN|ASM|BOE]

COVER PAGE - {{2} ADDITIONAL NAMES/COMMITTEES SECTION} RECORD LAYOUT

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

29 C Off\_S\_H\_Cd 1 Office Sought/Held Code: H=Held; S=Sought

30 C Bal\_Name 200 Ballot Measure Name

31 C Bal\_Num 7 Ballot Number or Letter

32 C Bal\_Juris 40 Jurisdiction

33 C Sup\_Opp\_Cd 1 Support/Oppose? Values: S; O

#### COVER PAGE (VERIFICATION INFORMATION) RECORD LAYOUT

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: CVR3

02 Rx Form\_Type 4 Form\_Type

(must equal Form\_Type in CVR record)

Values: F401; F425; F450; F460; F461; F465; F470.

03 Rx Tran\_ID 20 Transaction ID - permanent value unique to

this item

04 Rx Entity\_Cd 3 Values: TRE - Treasurer

 ATR - Assistant Treasurer

 CAO - Candidate/Office-holder

 OFF - Officer (Responsible)

 PRO - Proponent (F460 - Bal Measure Cmtte)

 SPO - Sponsor (F460 - Gen Purpose Cmtte)

05 R Sig\_Date 8 Date when signed

06 O Sig\_Loc 45 City and State where signed

07 R Sig\_NamL 200 Signer's "as signed" Last name

08 R Sig\_NamF 45 Signer's "as signed" First name

09 O Sig\_NamT 10 Signer's "as signed" Prefix or Title

10 O Sig\_NamS 10 Signer's "as signed" Suffix

CONTRIBUTION INFORMATION (a.k.a.. Form 495; Part II)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: F495

02 Rx Form\_Type 4 Form\_Type (must equal Form\_Type in CVR

record)

 Values: F450; F460

03 R Elect\_Date 8 Date of the Election (same as on CVR

rec)

04 Rx ElectJuris 40 Jurisdiction of the Election

05 Rx ContribAmt 12 Contribution Amount (6mos prior - 17days

before)

#### SUMMARY TOTALS RECORD LAYOUT

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: SMRY

02 Rx Form\_Type 8 Name of Filing Form or Schedule Name

03 Rx Line\_Item 8 Line Number of Summary Total

04 O Amount\_A 12 Summary Amount - (Column A on some forms,

and Total to Date when Line\_Item = 22A thru

22Z)

05 O Amount\_B 12 Summary Amount - Column B

06 O Amount\_C 12 Summary Amount - Column C

(Column C Not Used in F460)

07 O Elec\_Dt 8 Date of Election

**Note:** Amount(s) may have a null or zero value if there is no dollar total to be conveyed.

SMRY records with null/zero Amount(s) do not have to be coded within a filing. Amount(s) are assumed to be zero in the absence of a SMRY record. Please leave ExpLimt\_Line and Elec\_Dt null when not applicable. (Trailing Commas are not required).

**Examples:**

F460 SMRY records (when needed) are coded with these Form\_Type/Line# values:

**SMRY line through** **SMRY line**

SMRY,F460,1,Amt\_A,Amt\_B, 🡪 SMRY,F460,11,Amt\_A,Amt\_B

SMRY,F460,12,Amt\_A 🡪 SMRY,F460,19,Amt\_A

SMRY,F460,20,Amt\_A,Amt\_B 🡪 SMRY,F460,21,Amt\_A,Amt\_B

SMRY,F460,22A,Amt\_A,,,Elec\_Dt 🡪 SMRY,F460,22Z,Amt\_A,,,Elec\_Dt

SMRY,A,1,Amt\_A 🡪 SMRY,A,3,Amt\_A

SMRY,B1,1,Amt\_A 🡪 SMRY,B1,3,Amt\_A

SMRY,C,1,Amt\_A 🡪 SMRY,C,3,Amt\_A

SMRY,D,1,Amt\_A 🡪 SMRY,D,3,Amt\_A

SMRY,E,1,Amt\_A 🡪 SMRY,E,4,Amt\_A

SMRY,F,1,Amt\_A 🡪 SMRY,F,3,Amt\_A

SMRY,H,1,Amt\_A 🡪 SMRY,H,3,Amt\_A

SMRY,I,1,Amt\_A 🡪 SMRY,I,4,Amt\_A

F450 SMRY records (when needed) are coded with these Form\_Type/Line# values:

**SMRY line through** **SMRY line**

SMRY,F450,1,Amt\_A 🡪 SMRY,F450,15,Amt\_A

F461 SMRY records (when needed) are coded with these Form\_Type/Line# values:

**SMRY line through** **SMRY line**

SMRY,F461,1,Amt\_A 🡪 SMRY,F461,5,Amt\_A

F465 SMRY records (when needed) are coded with these Form\_Type/Line# values:

**SMRY line through** **SMRY line**

SMRY,F465,1,Amt\_A 🡪 SMRY,F465,3,Amt\_A

F401 SMRY records (when needed) are coded with these Form\_Type/Line# values:

**SMRY line through** **SMRY line**

SMRY,F401,1,Amt\_A,Amt\_B 🡪 SMRY,F401,2,Amt\_A,Amt\_B

SMRY,401A,1,Amt\_A 🡪 SMRY,401A,3,Amt\_A

SMRY,401B,1,Amt\_A 🡪 SMRY,401B,3,Amt\_A

SMRY,401B-1,0,Amt\_A {B-1 has no line#, code a '0' (zero)}

RECEIPTS SCHEDULES (A, C, I, and F401A)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: RCPT

02 Rx Form\_Type 6 Sched Name: A = Sched A / Monetary;

 C = Sched C / Non-monetary;

 I = Sched I / Misc. to Cash;

 F401A = Payments Received

 F496P3 = Contributions of $100 or More

Received

03 Rx Tran\_ID 20 Transaction ID - permanent value unique to

this item

04 R Entity\_Cd 3 Values: [COM|RCP] - Recipient Committee

 IND - Individual;

 OTH - Other (e.g. a Bus, Cmtte, Org, ...)

 PTY - Political Party; (F496P3 & F460)

 SCC - Small Contributor Committee (F496P3

& F460)

05 C Ctrib\_NamL 200 Contributor's Last name

06 C Ctrib\_NamF 45 Contributor's First name

RECEIPTS SCHEDULES (A, C, I, and F401A) (Continue)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ---------------------------------------

07 O Ctrib\_NamT 10 Contributor's Prefix or Title

08 O Ctrib\_NamS 10 Contributor's Suffix

09 C Ctrib\_Adr1 55 Address of Contributor

10 O Ctrib\_Adr2 55 Optional 2nd line of Address

11 C Ctrib\_City 30 City

12 C Ctrib\_ST 2 State code

13 C Ctrib\_ZIP4 10 Zip+4

14 C Ctrib\_Emp 200 Employer (Sched A, C - Req. if Entity = 'IND')

15 C Ctrib\_Occ 60 Occupation (Sched A, C - Req. if Entity = 'IND')

16 O Ctrib\_Self 1 Check Box: Self Employed?

17 O Tran\_Type 1 Transaction Type - Values:

F = Forgiven Loan;

I = Intermediary;

R = Returned (Negative Amount?);

T = Third Party Repayment;

X = Transfer

**When Tran\_Type = X**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ---------------------------------------

18 R Trans\_Date 8 Date of Transfer

19 R Contr\_Date 8 Original Date of Contribution

**All other Tran\_Type's**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ---------------------------------------

18 R Rcpt\_Date 8 Date item Received (or Begin date of date

range)

19 O Date\_Thru 8 End-date of date range for Items received

20 R Amount 12 Amount (Monetary/Inkind/Promise) Received

RECEIPTS SCHEDULES (A, C, I, and F401A) (Continue)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ---------------------------------------

21 C Cum\_YTD 12 Cumulative YTD Amount (Sched A, 401A)

22 C Hold\_Amount 12 (Not used at this time)

23 C Ctrib\_Dscr 90 Description of Goods/Services Rcvd.

(Sched C, I)

24 C Cmte\_ID 9 Committee ID

(If [COM|RCP] & no ID#, Treas info Req.)

25 C Tres\_NamL 200 Treasurer's Last name

(Req if [COM|RCP] & no ID#)

26 C Tres\_NamF 45 Treasurer's First name

(Req if [COM|RCP] & no ID#)

27 O Tres\_NamT 10 Treasurer's Prefix or Title

28 O Tres\_NamS 10 Treasurer's Suffix

29 C Tres\_Adr1 55 Treasurer Street 1

(Req if [COM|RCP] & no ID#)

30 O Tres\_Adr2 55 Treasurer Street 2

31 C Tres\_City 30 Treasurer City

32 C Tres\_ST 2 Treasurer State

33 C Tres\_ZIP4 10 Treasurer Phone

------ Intermediary fields (Intr\_NamL - Intr\_Self) do not apply to F401A

34 O Intr\_NamL 200 Intermediary's/Transfer Last name

35 O Intr\_NamF 45 Intermediary's/Transfer First name

36 O Intr\_NamT 10 Intermediary's/Transfer Prefix or Title

37 O Intr\_NamS 10 Intermediary's/Transfer Suffix

38 C Intr\_Adr1 55 Intermediary/Transfer Street 1

39 O Intr\_Adr2 55 Intermediary/Transfer Street 2

40 C Intr\_City 30 Intermediary/Transfer City

41 C Intr\_ST 2 Intermediary/Transfer State

42 C Intr\_ZIP4 10 Intermediary/Transfer ZIP+4

43 C Intr\_Emp 200 Employer (Sched A, C)

44 C Intr\_Occ 60 Occupation (Sched A, C)

45 O Intr\_Self 1 Check Box: Self Employed?

RECEIPTS SCHEDULES (A, C, I, and F401A) (Continue)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ---------------------------------------

------ Fields 46 - 59 used on F401A --------------------------------------

46 C Cand\_NamL 200 Candidate's Last name

47 C Cand\_NamF 45 Candidate's First name

48 O Cand\_NamT 10 Candidate's Prefix or Title

49 O Cand\_NamS 10 Candidate's Suffix

50 C Office\_Cd 3 Office Sought (See table of code in Overview)

51 C Offic\_Dscr 40 Office Sought Description

(Req. if Office\_Cd=OTH)

52 C Juris\_Cd 3 Office Jurisdiction Code Values:

STW=Statewide;

 SEN=Senate District;

ASM=Assembly District;

BOE=Board of Equalization District;

CIT=City;

CTY=County;

LOC=Local;

OTH=Other

53 C Juris\_Dscr 40 Office Jurisdiction Descrip

 (Req. if Juris\_Cd=[CIT|CTY|LOC|OTH]

54 C Dist\_No 3 Office District Number

(Req. if Juris\_Cd=[SEN|ASM|BOE]

55 O Off\_S\_H\_Cd 1 Office Sought/Held Code: H=Held; S=Sought

56 O Bal\_Name 200 Ballot Measure Name

57 O Bal\_Num 7 Ballot Number or Letter

58 O Bal\_Juris 40 Jurisdiction

59 C Sup\_Opp\_Cd 1 Support/Oppose? Values: S; O (F401)

60 O Memo\_Code 1 Memo Amount

(Date/Amount are informational only)

61 O Memo\_RefNo 20 Reference to text contained in a TEXT record.

62 O BakRef\_TID 20 Back Reference to a Tran\_ID of a "parent"

record

63 O XRef\_SchNm 2 Related item is included on Sched 'B2' or 'F'

64 O XRef\_Match 1 X = Related item on other Sched has same

Tran\_ID

65 C Int\_Rate 6 Loan Interest Rate (F496P3 Only)

66 Cx Int\_CmteId 9 Committee Id for Transfer or Intermediary

 (Required when Tran\_Type = X)

**Note: To disclose the Per Election to Date information, please refer to the "SPLT" record found in this document.**

EXPENDITURE SCHEDULES (D, E, G, F450P5, F461P5, F465P3)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: EXPN

02 Rx Form\_Type 6 Schedule Name/ID Values:

D = Sched D / Summary of Expend Sup/Opp ...

 E = Sched E / Expenditures/Payments made

 G = Sched G / Payments made on Behalf

 F450P5 = F450 / Part 5 Exp & Contrib made;

 F461P5 = F461 / Part 5 Exp & Contrib made

 F465P3 = F465 / Independent Expenditures

Made

03 Rx Tran\_ID 20 Transaction ID - permanent value unique to

this item

04 R Entity\_Cd 3 Values: [COM|RCP] - Recipient Committee;

 IND - Individual;

 OTH - Other

05 C Payee\_NamL 200 Payee's Last name

06 C Payee\_NamF 45 Payee's First name

07 O Payee\_NamT 10 Payee's Prefix or Title

08 O Payee\_NamS 10 Payee's Suffix

09 C Payee\_Adr1 55 Address of Payee

10 O Payee\_Adr2 55 Optional 2nd line of Address

11 C Payee\_City 30 City

12 C Payee\_ST 2 State code

13 C Payee\_ZIP4 10 Zip+4

14 C Expn\_Date 8 Date of Expenditure

**(Note:** Date not on Sched E & G**)**

15 R Amount 12 Amount of Payment

16 C Cum\_YTD 12 Cumulative / YTD Amt

(No Cumulatives on Sched E & G)

17 C Hold\_Amount 12 (Not used at this time)

18 O Expn\_ChkNo 20 Check Number (Optional)

EXPENDITURE SCHEDULES (D, E, G, F450P5, F461P5, F465P3) (Cont.)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

19 C Expn\_Code 3 Expense Code - Values:

(Refer to list in Overview)

**Note:** CTB (if non-monetary) & IND need explanation & listing on Sched D.

20 C Expn\_Dscr 400 Purpose of Expense and/or Description /

explanation

21 C Agent\_NamL 200 Agent or Ind. Contractor's Last name

(Sched G)

22 C Agent\_NamF 45 Agent or Ind. Contractor's First name

23 O Agent\_NamT 10 Agent or Ind. Contractor's Prefix or Title

24 O Agent\_NamS 10 Agent or Ind. Contractor's Suffix

------ Fields 25 - 34 are NOT used on F460/Sched D ------

25 C Cmte\_ID 9 Committee ID

(If [COM|RCP] & no ID#, Treas info Req.)

26 C Tres\_NamL 200 Treasurer's Last name

(Req if [COM|RCP] & no ID#)

27 C Tres\_NamF 45 Treasurer's First name

(Req if [COM|RCP] & no ID#)

28 O Tres\_NamT 10 Treasurer's Prefix or Title

29 O Tres\_NamS 10 Treasurer's Suffix

30 C Tres\_Adr1 55 Treasurer Street 1

(Req if [COM|RCP] & no ID#)

31 O Tres\_Adr2 55 Treasurer Street 2

32 C Tres\_City 30 Treasurer City

33 C Tres\_ST 2 Treasurer State

34 C Tres\_ZIP4 10 Treasurer ZIP+4

------ Fields 35 - 48 used on F450/Part5, F460/Sched D & F461/Part5 ------

35 C Cand\_NamL 200 Candidate's Last name

36 C Cand\_NamF 45 Candidate's First name

37 O Cand\_NamT 10 Candidate's Prefix or Title

38 O Cand\_NamS 10 Candidate's Suffix

39 C Office\_Cd 3 Office Sought (See table of code in Overview)

40 C Offic\_Dscr 40 Office Sought Description

(Req. if Office\_Cd=OTH)

EXPENDITURE SCHEDULES (D, E, G, F450P5, F461P5, F465P3) (Cont.)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

41 C Juris\_Cd 3 Office Jurisdiction Code Values:

STW=Statewide;

SEN=Senate District;

ASM=Assembly District;

BOE=Board of Equalization District;

CIT=City;

CTY=County;

LOC=Local;

OTH=Other

42 C Juris\_Dscr 40 Office Jurisdiction Description

(Req. if Juris\_Cd=[CIT|CTY|LOC|OTH]

43 C Dist\_No 3 Office District Number

(Req. if Juris\_Cd=[SEN|ASM|BOE]

44 O Off\_S\_H\_Cd 1 Office Sought/Held Code: H=Held; S=Sought

45 O Bal\_Name 200 Ballot Measure Name

46 O Bal\_Num 7 Ballot Number or Letter

47 O Bal\_Juris 40 Jurisdiction

48 C Sup\_Opp\_Cd 1 Support/Oppose Values: S; O (F450, F461,

F465)

49 O Memo\_Code 1 Memo Amount?

(Date/Amount are informational only)

50 O Memo\_RefNo 20 Reference to text contained in a TEXT record.

51 O BakRef\_TID 20 Back Reference to a Tran\_ID of a "parent"

record

52 O G\_From\_E\_F 1 Back Reference from Sched G to Sched 'E' or

'F'.

53 O XRef\_SchNm 2 Related item is included on Sched 'C' or 'H2'

54 O XRef\_Match 1 X = Related item on other Sched has same

Tran\_ID

**Note: To disclose the Per Election to Date information, please refer to the "SPLT" record found in this document.**

ACCRUED EXPENSES (UNPAID BILLS) SCHEDULE (F)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: DEBT

02 Rx Form\_Type 1 Schedule Name/ID

 Value: F = Sched F / Accrued Expenses

03 Rx Tran\_ID 20 Transaction ID - permanent value unique to

this item

04 R Entity\_Cd 3 Values: [COM|RCP] - Recipient Committee;

 IND - Individual; OTH - Other

05 R Payee\_NamL 200 Payee's Last name

06 C Payee\_NamF 45 Payee's First name

07 O Payee\_NamT 10 Payee's Prefix or Title

08 O Payee\_NamS 10 Payee's Suffix

09 R Payee\_Adr1 55 Address of Payee

10 O Payee\_Adr2 55 Optional 2nd line of Address

11 R Payee\_City 30 City

12 R Payee\_ST 2 State code

13 R Payee\_ZIP4 10 Zip+4

14 R Beg\_Bal 12 Outstanding balance at beginning of this period

15 C Amt\_Incur 12 Amount incurred this period

16 C Amt\_Paid 12 Amount paid this period

17 C End\_Bal 12 Outstanding balance at close of this period

18 C Expn\_Code 3 Expense Code - Values:

(Refer to list in Overview)

**Note:** CTB (when non-monetary) & IND need explanation & listing on Sched D.

19 C Expn\_Dscr 400 Purpose of Expense and/or Description /

explanation

20 C Cmte\_ID 9 Committee ID

(If [COM|RCP] & no ID#, Treas info Req.)

ACCRUED EXPENSES SCHEDULE (Continued)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

21 C Tres\_NamL 200 Treasurer's Last name

(Req if [COM|RCP] & no ID#)

22 C Tres\_NamF 45 Treasurer's First name

(Req if [COM|RCP] & no ID#)

23 O Tres\_NamT 10 Treasurer's Prefix or Title

24 O Tres\_NamS 10 Treasurer's Suffix

25 C Tres\_Adr1 55 Treasurer Street 1

(Req if [COM|RCP] & no ID#)

26 O Tres\_Adr2 55 Treasurer Street 2

27 C Tres\_City 30 Treasurer City

28 C Tres\_ST 2 Treasurer State

29 C Tres\_ZIP4 10 Treasurer ZIP+4

30 O Memo\_Code 1 Memo Amount?

(Date/Amount are informational only)

31 O Memo\_RefNo 20 Reference to text contained in a TEXT record.

32 O BakRef\_TID 20 Back Reference to a Tran\_ID of a "parent"

record

33 O XRef\_SchNm 2 Related item is included on Sched 'C'

34 O XRef\_Match 1 X = Related item on other Sched has same

Tran\_ID

LOAN SCHEDULES / RECEIVED (B1, B2) & MADE (H)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: LOAN

02 Rx Form\_Type 2 Schedule Name/ID

Values: B1 = Sched B Part 1/ Loans Received;

B2 = Sched B Part 2/ Loan Guarantors;

H = Sched H, / Loans Made

03 Rx Tran\_ID 20 Transaction ID - permanent value unique to

this item

04 C Loan\_TYPE 3 (Not used) Please leave null.

05 C Entity\_Cd 3 Values: [COM|RCP] - Recipient Committee;

(Req. on B1, and B2, not used on Sched. H);

IND - Individual;

OTH - Other;

PTY - Political Party;

SCC - Small Contributor Committee

06 R Lndr\_NamL 200 Lender's Last name

07 C Lndr\_NamF 45 Lender's First name (if a person)

08 O Lndr\_NamT 10 Lender's Prefix or Title

09 O Lndr\_NamS 10 Lender's Suffix

10 R Loan\_Adr1 55 Address Line 1

11 R Loan\_Adr2 55 Address Line 2

12 R Loan\_City 30 City

13 R Loan\_ST 2 State Code

14 R Loan\_ZIP4 10 ZIP+4

Schedule B Part 1 (B1) --------------------------------

15 R Loan\_Date1 8 Date Loan Incurred (Original Date)

16 R Loan\_Date2 8 Date Due (Date Loaned Due)

17 R Loan\_Amt1 12 Loan Amount (Amount Received this Period)

18 C Loan\_Amt2 12 Outstanding Balance

19 C Loan\_Amt3 12 Cumulative Cont. to date(Calendar Year)

20 C Loan\_Amt4 12 Outstanding Balance Beg. this Period

21 R Loan\_Rate 30 Interest Rate Paid This Period

(Remaining Loan Amounts found in fields 49 through 54 of this Schedule)

LOAN SCHEDULES / RECEIVED & MADE (Continued)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

Schedule B Part 2 (B2) -------------------------------

15 R Loan\_Date1 8 Date of Loan

16 R Loan\_Date2 8 N/A (Not Used)

17 C Loan\_Amt1 12 Amount Guaranteed this Period

18 R Loan\_Amt2 12 Balance Outstanding to Date

19 C Loan\_Amt3 12 Cumulative To Date (Calendar Year Amnt)

20 N/A Loan\_Amt4 12 N/A (Not used)

21 C Loan\_Rate 30 N/A (Not used)

(Remaining Loan Amounts found in fields 49 through 54 of this Schedule)

Schedule H; definitions (H) --------------------------------

15 R Loan\_Date1 8 Date Loan Made (Original Date)

16 R Loan\_Date2 8 Date Loan Due

17 R Loan\_Amt1 12 Amount Loaned This Period

18 C Loan\_Amt2 12 Outstanding Balance at Close of this Period

19 C Loan\_Amt3 12 Cumulative Loans to Date (Calendar Year)

20 C Loan\_Amt4 12 Outstanding Balance Beginning this Period

21 R Loan\_Rate 30 Interest Received Rate

(Remaining Loan Amounts found in fields 49 through 54 of this Schedule)

22 C Loan\_EMP 200 Employer (If Sched B1, or Sched H)

23 C Loan\_OCC 60 Occupation (If Sched B1, or Sched H)

24 O Loan\_Self 1 Check Box: Self Employed?(Sched B1 & H)

**------ Fields 25 - 34 are used on F460/Sched B1 & B2 ------**

25 C Cmte\_ID 9 Committee ID

(If [COM|RCP] & no ID#, Treas info Req.)

26 C Tres\_NamL 200 Treasurer's Last name

(Req if B1 or B2 [COM|RCP] & no ID#)

27 C Tres\_NamF 45 Treasurer's First name

(Req if B1 or B2 [COM|RCP] & no ID#)

28 O Tres\_NamT 10 Treasurer's Prefix or Title

29 O Tres\_NamS 10 Treasurer's Suffix

30 C Tres\_Adr1 55 Treasurer Street 1

(Req if B1 or B2 [COM|RCP] & no ID#)

LOAN SCHEDULES / RECEIVED & MADE (Continued)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

31 O Tres\_Adr2 55 Treasurer Street 2

32 C Tres\_City 30 Treasurer City

33 C Tres\_ST 2 Treasurer State

34 C Tres\_ZIP4 10 Treasurer ZIP+4

-------- Following field used on Sched B Part 2 for Lender ------------

35 O Lender\_Name 200 Lenders Name

--------- Intermediary information ----------

35 O Intr\_NamL 200 Intermediary's Last name

36 O Intr\_NamF 45 Intermediary's First name

37 O Intr\_NamT 10 Intermediary's Prefix or Title

38 O Intr\_NamS 10 Intermediary's Suffix

39 C Intr\_Adr1 55 Intermediary Street 1

40 O Intr\_Adr2 55 Intermediary Street 2

41 C Intr\_City 30 Intermediary City

42 C Intr\_ST 2 Intermediary State

43 C Intr\_ZIP4 10 Intermediary ZIP+4

44 O Memo\_Code 1 Memo Amount?

(Date/Amount are informational only)

45 O Memo\_RefNo 20 Reference to text contained in a TEXT record.

46 O BakRef\_TID 20 Back Reference to a

Tran\_ID of a "parent" record

47 O XRef\_SchNm 2 Related item is included on Sched 'A' or 'E'

48 O XRef\_Match 1 'X' = Related item on other

Sched has same Tran\_ID

LOAN SCHEDULES / RECEIVED & MADE (Continued)

Schedule B Part 1 (B1) & Part 2 (B2) --------------------------------

**Note:** Fields 49, 50, 51 and 52 are not used in (B2)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

49 C Loan\_Amt5 12 Amount Paid this Period(B1 only)

50 C Loan\_Amt6 12 Amount Forgiven this Period (B1 only)

51 C Loan\_Amt7 12 Amount of Interest Paid this Period(B1 only)

52 C Loan\_Amt8 12 Original Amount of Loan(B1 only)

Schedule H --------------------------------

49 C Loan\_Amt5 12 Amount Paid this Period

50 C Loan\_Amt6 12 Amount Forgiven this Period

51 C Loan\_Amt7 12 Amount of Interest Received this Period

52 C Loan\_Amt8 12 Original Amount of Loan

**Note: To disclose the Per Election to Date information, please refer to the "SPLT" record found in this document.**

Form 401 Payment & Other Disclosure Sched (F401B, F401B-1, F401C, F401D)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: S401

02 Rx Form\_Type 7 Sched Name:

F401B = Payments Made

 F401B-1 = Payments Made in Behalf of

 F401C = Persons Receiving $1000 +

 F401D = Cand/Measure not on Sched F401A

03 Rx Tran\_ID 20 Transaction ID - permanent value unique

to this item

04 C Agent\_NamL 200 Agent's Last name (401B-1)

05 O Agent\_NamF 45 Agent's First name

06 O Agent\_NamT 10 Agent's Prefix or Title

07 O Agent\_NamS 10 Agent's Suffix

08 C Payee\_NamL 200 Payee's Last name

09 O Payee\_NamF 45 Payee's First name

10 O Payee\_NamT 10 Payee's Prefix or Title

11 O Payee\_NamS 10 Payee's Suffix

12 C Payee\_Adr1 55 Address

13 O Payee\_Adr2 55 Optional 2nd line of Address

14 C Payee\_City 30 City

15 C Payee\_ST 2 State code

16 C Payee\_ZIP4 10 Zip+4

17 C Amount 12 Amount (Sched F401B, F401B-1, F401C)

18 C Aggregate 12 Aggregate YTD Amount (Sched F401C)

19 C Expn\_Dscr 90 Purpose of Expense and/or Description

------ **Fields 20 - 33 used on F401D** --------------------------------------

20 C Cand\_NamL 200 Candidate's Last name

21 C Cand\_NamF 45 Candidate's First name

22 O Cand\_NamT 10 Candidate's Prefix or Title

23 O Cand\_NamS 10 Candidate's Suffix

24 C Office\_Cd 3 Office Sought (See table of code in Overview)

25 C Offic\_Dscr 40 Office Sought Description

(Req. if Office\_Cd=OTH)

Form 401 Payment & Other Disclosure Sched (Continue)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

26 C Juris\_Cd 3 Office Jurisdiction Code Values:

STW=Statewide;

 SEN=Senate District;

ASM=Assembly District;

BOE=Board of Equalization District;

CIT=City;

CTY=County;

LOC=Local;

OTH=Other

27 C Juris\_Dscr 40 Off. Juris. Description

(Req. if Juris\_Cd=[CIT|CTY|LOC|OTH]

28 C Dist\_No 3 Office District Number

(Req. if Juris\_Cd=[SEN|ASM|BOE]

29 O Off\_S\_H\_Cd 1 Office Sought/Held Code: H=Held; S=Sought

30 O Bal\_Name 200 Ballot Measure Name

31 O Bal\_Num 7 Ballot Number or Letter

32 O Bal\_Juris 40 Jurisdiction

33 C Sup\_Opp\_Cd 1 Support/Oppose? Values: S; O (F401)

34 O Memo\_Code 1 Memo Amount?

(Date/Amount are informational only)

35 O Memo\_RefNo 20 Reference to text contained in a TEXT record.

36 O BakRef\_TID 20 Back Reference to a

Tran\_ID of a "parent" record

# Form 496 Late Independent Expenditures Made

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: S496

02 Rx Form\_Type 4 Schedule Name/ID Value:

F496 = Independent Expenditures Made

03 Rx Tran\_ID 20 Transaction ID - permanent value

unique to this item

04 C Amount 12 Expenditure Amount

05 C Exp\_Date 8 Expenditure Date

 (Begin date of date range for Items paid)

06 O Date\_Thru 8 End-date of date range for Items paid

07 C Expn\_Dscr 90 Purpose of Expenditure and/or Description

08 O Memo\_Code 1 Memo Amount?

(Date/Amount are informational only)

09 O Memo\_RefNo 20 Reference to text contained in a TEXT record.

# Form 497 Late Contributions Received/Made

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: S497

02 Rx Form\_Type 6 Schedule Name/ID

 Value: F497P1 = Late Contribution Received

 Value: F497P2 = Late Contribution Made

03 Rx Tran\_ID 20 Transaction ID - permanent value unique to

this item

04 Rx Entity\_Cd 3 Values:

CAO - Candidate/Office-holder (F497P2)

 BNM - Ballot Measure (F497P2)

 [COM|RCP] - Recipient Committee

 IND - Individual;

 OTH - Other (e.g. a Bus, Cmtte, Org, ...)

 PTY - Political Party

 SCC - Small Contributor Committee

05 R Enty\_NamL 200 Contributor/Recipient's Last name

06 C Enty\_NamF 45 Contributor/Recipient's First name

07 O Enty\_NamT 10 Contributor/Recipient's Prefix or Title

08 O Enty\_NamS 10 Contributor/Recipient's Suffix

09 C Enty\_Adr1 55 Address of Contributor/Recipient

10 O Enty\_Adr2 55 Optional 2nd line of Address

11 C Enty\_City 30 City

12 C Enty\_ST 2 State code

13 C Enty\_ZIP4 10 Zip+4

14 C Ctrib\_Emp 200 Employer

(Sched A, C, D - Req. if Entity = 'IND')

15 C Ctrib\_Occ 60 Occupation

(Sched A, C, D - Req. if Entity = 'IND')

16 O Ctrib\_Self 1 Check Box: Self Employed?

17 C Elec\_Date 8 Date of Election (Req. if P2)

18 R Ctrib\_Date 8 Date item Received/Made

 (Begin date of date range for Items received)

19 O Date\_Thru 8 End-date of date range for Items received

Form 497 Late Contributions Received/Made (Continued)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

20 R Amount 12 Amount Received/Made

21 C Cmte\_ID 9 Committee ID

(Req. if Entity\_Cd=[CAO|RCP]

(Absolutely Req. on F497P2 when[CAO|RCP].)

22 C Cand\_NamL 200 Candidate's Last name

23 C Cand\_NamF 45 Candidate's First name

24 O Cand\_NamT 10 Candidate's Prefix or Title

25 O Cand\_NamS 10 Candidate's Suffix

26 C Office\_Cd 3 Office Sought (See table of code in Overview)

27 C Offic\_Dscr 40 Office Sought Description

(Req. if Office\_Cd=OTH)

28 C Juris\_Cd 3 Office Jurisdiction Code Values:

STW=Statewide;

SEN=Senate District;

ASM=Assembly District;

BOE=Board of Equalization District;

CIT=City;

CTY=County;

LOC=Local;

OTH=Other

29 C Juris\_Dscr 40 Office Jurisdiction Description

(Req. if Juris\_Cd=[CIT|CTY|LOC|OTH])

30 C Dist\_No 3 Office District Number

(Req. if Juris\_Cd=[SEN|ASM|BOE])

31 O Off\_S\_H\_Cd 1 Office Sought/Held Code: H=Held; S=Sought

32 O Bal\_Name 200 Ballot Measure Name

33 O Bal\_Num 7 Ballot Number or Letter

34 O Bal\_Juris 40 Jurisdiction

35 O Memo\_Code 1 Memo Amount?

(Date/Amount are informational only)

36 O Memo\_RefNo 20 Reference to text contained in a TEXT record.

# Form 498 Late Independent Expenditures Made

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: S498

02 Rx Form\_Type 6 Schedule Name/ID Value:

F498-R = Late Payment Received From

F498-A = Late Payment Attributed To

**Note:** Only one F498-R record is used per F498 filing.

03 Rx Tran\_ID 20 Transaction ID - permanent value unique to

this item

04 R Entity\_Cd 3 Values:

CAO - Candidate/Office-holder

[COM|RCP] - Recipient Committee

IND - Individual;

OTH - Other (e.g. a Bus, Cmtte, Org, ...)

05 C Cmte\_ID 9 Committee ID of Payee (if CAO or [COM|RCP])

06 R Payor\_NamL 200 Payor's Last name

07 C Payor\_NamF 45 Payor's First name

08 O Payor\_NamT 10 Payor's Prefix or Title

09 O Payor\_NamS 10 Payor's Suffix

10 R Payor\_Adr1 55 Address of Payor

11 O Payor\_Adr2 55 Optional 2nd line of Address

12 R Payor\_City 30 City

13 R Payor\_ST 2 State code

14 R Payor\_ZIP4 10 Zip+4

------ **Fields #15 & #19 are used when Form\_Type = 'F498-R'** -------------------

15 O Employer 200 Employer (only if Form\_Type = 'F498-R')

16 O Occupation 60 Occupation (only if Form\_Type = 'F498-R')

17 O SelfEmp\_CB 1 Check Box: Self Employed?

18 C Date\_Rcvd 8 Date Received (only if Form\_Type = 'F498-R')

19 C Amt\_Rcvd 12 Amount Recved (only if Form\_Type = 'F498-R')

# Form 498 Late Independent Expenditures Made (Continue)

------ **Fields #20 & #34 are used when Form\_Type = 'F498-A'** -------------------

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

20 C Cand\_NamL 200 Candidate's Last name

21 C Cand\_NamF 45 Candidate's First name

22 O Cand\_NamT 10 Candidate's Prefix or Title

23 O Cand\_NamS 10 Candidate's Suffix

24 C Office\_Cd 3 Office Sought (See table of code in Overview)

25 C Offic\_Dscr 40 Office Sought Description

(Req. if Office\_Cd=OTH)

26 C Juris\_Cd 3 Office Jurisdiction Code Values:

STW=Statewide;

SEN=Senate District;

ASM=Assembly District;

BOE=Board of Equalization District;

CIT=City;

CTY=County;

LOC=Local;

OTH=Other

27 C Juris\_Dscr 40 Off. Juris. Dscrip

(Req. if Juris\_Cd=[CIT|CTY|LOC|OTH])

28 C Dist\_No 3 Office District Number

(Req. if Juris\_Cd=[SEN|ASM|BOE])

29 O Off\_S\_H\_Cd 1 Office Sought/Held Code: H=Held; S=Sought

30 O Bal\_Name 200 Ballot Measure Name

31 O Bal\_Num 7 Ballot Number or Letter

32 O Bal\_Juris 40 Jurisdiction

33 C Sup\_Opp\_Cd 1 Support/Oppose? Values: S; O (F401)

34 C Amt\_Attrib 12 Amount Attributed

(only if Form\_Type = 'F498-A')

35 O Memo\_Code 1 Memo Amount?

(Date/Amount are informational only)

36 O Memo\_RefNo 20 Reference to text contained in a TEXT record.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

## S e c t i o n 2 - C a m p a i g n S t a t e m e n t s

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

 400 Statement of Organization (Slate Mailer Organization)

 402 Statement of Termination (Slate Mailer Organization)

 410 Statement of Organization Recipient Committee

### Electronic File Components by Filing Type

RecType FormName Description

HDR CAL "CAL" Header record

CVR F400 Cover Page; Stmt of Organization / Slate Mailer Org

CVR2 F400 Cover Page; Additional Names & Addresses

CVR3 F400 Cover Page; Part V; Verification Information

HDR CAL "CAL" Header record

CVR F402 Cover Page; Stmt of Termination / Slate Mailer Org

CVR3 F402 Cover Page; Verification Information

HDR CAL "CAL" Header record

CVR F410 Cover Page; Stmt of Organization / Recipient Committee

CVR2 F410 Cover Page; Additional Names & Addresses

CVR3 F410 Cover Page; Part 3; Verification Information

COVER PAGE RECORD LAYOUT FOR F400, F410 (STATEMENT OF ORGANIZATION)

**F402 (STMT OF TERMINATION - SLATE MAILER)**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 3 Record Type Value: CVR

02 Rx Form\_Type 4 Type of Filing/Form set - Values:

(F400; F402; F410)

03 Rx Filer\_ID 9 Committee ID number of Filer

04 Rx Entity\_Cd 3 Entity Code of the Filer. Values:

SMO - Slate Mailer Organization (F400,402) [COM|RCP] - Recipient Committee (F410)

05 Rx Filer\_NamL 200 Cand. Last name or Cmtte/Org Name

06 O Filer\_NamF 45 Candidate's First name

07 O Filer\_NamT 10 Candidate's Prefix or Title

08 O Filer\_NamS 10 Candidate's Suffix

09 Rx Report\_Num 3 Report Number - Values:

000 - Original Report

001 thru 999 - Amended Rpt #1-#999

10 Rx Rpt\_Date 8 Date this report is filed

11 C Qual\_CB 1 Qualified Committee check-box (Req. if SMO)

12 C Qualfy\_Dt 8 Date Qualified as committee

(Req. if Qual\_CB=X)

13 C Term\_Date 8 Termination Effective Date (Req. if F402)

--------- Address information for Org / Committee / Candidate or Office holder -------

14 R Adr1 55 Street 1

15 O Adr2 55 Street 2 (Overflow for Addr1)

16 R City 30 City

17 R ST 2 State

18 R ZIP4 10 ZIP+4

19 R Phone 20 Phone Number

20 R County\_Res 20 County of Domicile, Residence, or Location

COVER PAGE LAYOUT FOR STATEMENT OF ORGANIZATION/TERMINATION (Continued)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

21 O County\_Act 20 County where Active (F410)

22 O Mail\_Adr1 55 Mailing Address of Filing Committee - Street 1

23 O Mail\_Adr2 55 Mailing Address of Filing Committee - Street 2

24 C Mail\_City 30 Mailing Address of Filing Committee - City

25 C Mail\_ST 2 Mailing Address of Filing Committee - State

26 C Mail\_ZIP4 10 Mailing Address of Filing Committee - ZIP+4

27 O Cmte\_FAX 20 Optional Committee FAX number

28 O Cmte\_Email 60 Optional Committee Email address

29 R Tres\_NamL 200 Treasurer's Last name

30 R Tres\_NamF 45 Treasurer's First name

31 O Tres\_NamT 10 Treasurer's Prefix or Title

32 O Tres\_NamS 10 Treasurer's Suffix

33 R Tres\_Adr1 55 Treasurer Street 1

34 O Tres\_Adr2 55 Treasurer Street 2

35 R Tres\_City 30 Treasurer City

36 R Tres\_ST 2 Treasurer State

37 R Tres\_ZIP4 10 Treasurer ZIP+4

38 R Tres\_Phon 20 Treasurer Phone

**Note:** F400 Name/Addr info for Principal Officer(s) (POF) are coded on CVR2

records with the CVR2.Item\_Cd='POF'. Slate Mailer Auth Individuals

(SMA) are coded on CVR2 records with Item\_Cd='SMA'.

**Note:** F410 Name/Addr info for Assistant Treasurer (ATR) and any other

Principal Officer(s) (POF) are coded on CVR2 records with the

CVR2.Item\_Cd=['ATR'|'POF'].

39 C Actvty\_Lvl 2 Main level of Activity

(Req. if SMO or GenPurp\_CB=X)

 Values: CI = City; CO = County; ST = State

COVER PAGE LAYOUT FOR STATEMENT OF ORGANIZATION/TERMINATION (Continued)

------ Fields 40 - 42 used on F400 Statement of Organization ---------------

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

40 C Com82013YN 1 Is this SMO a 82013 "Committee"?

(Yes/No) (F400)

41 C Com82013Nm 200 Name of 82013 Committee

(F400; when Com82013YN=Y)

42 O Com82013ID 9 ID of 82013 Committee

(if Com82013Nm is a RCP cmtte)

------ Fields 43 - 58 used on F410 Statement of Organization ---------------

43 O Control\_CB 1 Controlled Committee Check-box

**Note:** Name/Address info supplied on CVR2 record(s) with Item\_Cd='CTL'.

44 O Bank\_Nam 200 Name of Financial Institution

45 C Bank\_Adr1 55 Street 1 of Financial Institution

46 O Bank\_Adr2 55 Street 2 of Financial Institution

47 C Bank\_City 30 City of Financial Institution

48 C Bank\_ST 2 State of Financial Institution

49 C Bank\_ZIP4 10 ZIP+4 of Financial Institution

50 C Bank\_Phon 20 Phone of Financial Institution

51 C Bank\_AcctNo 20 Bank Account Number

52 C Reservd\_Dt 8 Reserved Date (not used at this time)

53 O Reservd\_Commt 90 Reserved Text Field (not used at this time)

54 O PrimFC\_CB 1 Primarily Formed Committee Check-box

**Note:** Name/Address info supplied on CVR2 record(s) with Item\_Cd='PFC'.

55 O GenPurp\_CB 1 General Purpose Committee Check-box

56 O GPC\_Descr 300 Brief description of Activity of GPC

57 O Sponsor\_CB 1 Sponsored Committee Check-box

**Note:** Name/Address info supplied on CVR2 record(s) with Item\_Cd='SPO'.

58 O BrdBase\_CB 1 Broad Based Committee Check-box

59 O SmCont\_QualDt 8 Date Small Contributor Committee Qualified

# COVER PAGE ({2} ADDITIONAL NAMES/COMMITTEES) RECORD LAYOUT

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: CVR2

02 Rx Form\_Type 4 Form\_Type

(must equal Form\_Type in CVR record)

values: F400; F410

03 Rx Tran\_ID 20 Transaction ID - permanent value unique to

this item

**Note:** Remainder of CVR2 record is parsed depending on value of Form\_Type.

------ Following variable fields used when Form\_Type=[F400|F410] -------------

04 Rx Entity\_Cd 3 Values:

ATR - Assistant Treasurer (F410)

POF - Principal Officer (F400, F410)

CAO - Candidate/Office-holder (F410)

PRO - Proponent (F410)

SPO - Sponsor (F410)

BNM - Ballot Measure's Name/Title (F410) ATH - Authorizing Individual (F400)

COM - Committee (F400)

CTL - Controlled Committee (F410)

RCP - Recipient Committee (F400)

05 Rx Enty\_NamL 200 Filing Entity's Last name

06 C Enty\_NamF 45 Filing Entity's First name

07 O Enty\_NamT 10 Filing Entity's Prefix or Title

08 O Enty\_NamS 10 Filing Entity's Suffix

09 Rx Item\_Cd 3 Section of Stmt of Org this Itemization relates

to Values:

ATR - Assistant Treasurer (F410)

POF - Principal {Filing} Officer (F400, F410) CTL - Controlled Committee Itemization (F410)

PFC - Primarily Formed Commtte Item (F410)

SPO - Sponsored Commtte Itemization (F410) SMA - Slate Mailer Authorizor (F400)

COVER PAGE - {{2} ADDITIONAL NAMES/COMMITTEES SECTION} RECORD LAYOUT (Cont.)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

(\*Field Name Changed)

10 C Cvr2\_Adr1 55 Address (if Item\_Cd = SPO)

11 O Cvr2\_Adr2 55 Optional 2nd line of Address

12 C Cvr2\_City 30 City (if Item\_Cd = SPO)

13 C Cvr2\_ST 2 State code (if Item\_Cd = SPO)

14 C Cvr2\_ZIP4 10 Zip+4 (if Item\_Cd = SPO)

15 O Day\_Phone 20 Daytime Phone Number

16 O FAX\_Phone 20 FAX Phone Number

17 O Email\_Adr 60 Email Address

{does not map to present FPPC forms}

18 C Cmte\_ID 9 Committee ID (If Entity\_Cd=RCP)

19 C Ind\_Group 90 Industry Group / Affiliation (if Item\_Cd = SPO)

20 C POF\_Title 45 Position/Title of Prin Officer (if Item\_Cd = POF)

**Note:** Fields #21 - #32 used when Item\_Cd=[CTL|PFC]

**Note:** On F410; when Item\_Cd='PFC': EITHER Candidate OR Ballot Measure

information is "conditionally required", BUT not both at the same time.

21 C Office\_Cd 3 Office Sought (See table of code in Overview)

22 C Offic\_Dscr 40 Office Sought Description

(Req. if Office\_Cd=OTH)

23 C Juris\_Cd 3 Office Jurisdiction Code Values:

STW=Statewide;

SEN=Senate District;

ASM=Assembly District;

BOE=Board of Equalization District;

CIT=City;

CTY=County;

LOC=Local;

OTH=Other

24 C Juris\_Dscr 40 Off. Juris. Dscrip

(Req. if Juris\_Cd=[CIT|CTY|LOC|OTH])

25 C Dist\_No 3 Office District Number

(Req. if Juris\_Cd=[SEN|ASM|BOE])

26 O Off\_S\_H\_Cd 1 Office Sought/Held Code: H=Held; S=Sought

27 C Non\_Pty\_CB 1 Non-Partisan check-box

(only if Item\_Cd = CTL)

COVER PAGE - {{2} ADDITIONAL NAMES/COMMITTEES SECTION} RECORD LAYOUT (Cont.)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

28 C Party\_Name 200 Name of Party (if partisan)

(only if Item\_Cd = CTL)

29 C Bal\_Num 7 Ballot Number or Letter

(only if Item\_Cd = PFC)

30 C Bal\_Juris 40 Ballot Measure Jurisdiction

(only if Item\_Cd = PFC)

31 C Sup\_Opp\_Cd 1 Support/Oppose? Values: S; O

(only if Item\_Cd = PFC)

32 C Year\_Elect 4 Year of Election (format ccyy)

(only if Item\_Cd = CTL)

# COVER PAGE (PART III; VERIFICATION INFO) RECORD LAYOUT

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: CVR3

02 Rx Form\_Type 4 Form\_Type

(must equal Form\_Type in CVR record)

 Values: F400; F402; F410

03 Rx Tran\_ID 20 Transaction ID - permanent value unique to

this item

**Note:** Remainder of CVR3 record is parsed depending on value of Form\_Type.

Refer to Section I description of the CVR3 record for the description of field parsing rules for Campaign Statements F400, F402, F410.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

## S e c t i o n 3 - L o b b y i s t D i s c l o s u r e R e p o r t s

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

 **615** Lobbyist Report

 **625** Report of Lobbying Firm

 **630\*** Payments Made to Lobbying Coalitions (Attachment to Form 625 or 635)

 **635** Report of Lobbyist Employer or Report of Lobbying Coalition

 **635-C\*** Payments Received by Lobbying Coalitions

 **640\*** Governmental Agencies Reporting (Attachment to Form 635 or Form 645)

 **645** Report of Person Spending $5,000 or More

 **690\*** Amendment to Lobbying Disclosure Report

**Note:** The 630, 635-C, 640, and 690 forms are not filed as standalone forms,

but instead are included within the 615, 625, 635, and 645 filings.

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#### Electronic File Components by Filing Type

RecType FormName Description

HDR CAL "CAL" Header record

CVR F615 Cover Page; Lobbyist Report

F690 F615 Amendment Information sheet (a.k.a. Form 690)

LEXP F615P1 Part I - Activity Expenses

LCCM F615P2 Part II - Campaign Contributions Made [or Delivered]

HDR CAL "CAL" Header record

CVR F625 Cover Page; Recipient Committee

CVR2 F625 Cover Page; Part II; Partners, Owners, Officers, ...

F690 F625 Amendment Information sheet (a.k.a. Form 690)

SMRY F625... Summary Page & Misc. Schedule Line-item [sub]totals

LPAY F625P2 Payments Received in Connection with Lobbying Activity

LEXP F625P3A Part III/Sec A - Activity Expenses

LOTH F625P3B Part III/Sec B - Payments to OTHER Lobbying Firms

LCCM F625P4B Part IV/Sec B - Campaign Contributions Made

LATT S630 Attachment Form 630 - Payments Made to Lobbying

Coalitions

RecType FormName Description

 HDR CAL "CAL" Header record

 CVR F635 Cover Page; Candidate Committee

 CVR2 F635 Cover Page; Part II; Partners, Owners, Officers, ...

 F690 F635 Amendment Information sheet (a.k.a. Form 690)

 SMRY F635... Summary Page & Misc. Schedule Line-item [sub]totals

 LPAY F635P3B Part III/Sec B - Payments to Lobbying Firms

 LEXP F635P3C Part III/Sec C - Activity Expenses

 LCCM F635P4B Part IV/SecB - Campaign Contributions Made

 LATT S630 Attach Form 630 - Payments Made to Lobbying Coalitions

 LATT S635-C Attach Form 635-C - Payments Rcvd by Lobbying Coalitions

 LATT S640 Attach Form 640 - Other Payments to Influence ...

 HDR CAL "CAL" Header record

 CVR F645 Cover Page; Recipient Committee

 F690 F645 Amendment Information sheet (a.k.a. Form 690)

 SMRY F645... Summary Page & Misc. Schedule Line-item [sub]totals

 LEXP F645P2A Part II/Sec A - Activity Expenses

 LCCM F645P3B Part III/SecB - Campaign Contributions Made

 LATT S630 Attach Form 630 - Payments Made to Lobbying Coalitions

 LATT S640 Attach Form 640 - Other Payments to Influence ...

COVER PAGE RECORD LAYOUT FOR F615,625,635,645 LOBBYIST DISCLOSURE REPORTS

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 3 Record Type Value: CVR

02 Rx Form\_Type 4 Type of Filing or Form set.

 Values: F615; F625; F635; F645

03 Rx Sender\_ID 9 ID# of Lobbyist Entity that is SUBMITTING this

report.

**Note:** This is the ID# assigned by the SOS after the Lobbyist Entity first

registers. Typically, it is the same as the Filer\_ID except when a Firm is submitting a report on behalf of another Lobbyist Entity.)

COVER PAGE RECORD LAYOUT (Continue)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

04 Rx Filer\_ID 9 ID# of Lobbyist Entity that is SUBJECT of this

report.

**Note:** In the case of F615 & F635 reports, the Sender and Filer ID# are not necessarily the same. However, they must always be equal on F625 and 645 reports.

**Note:** The contents of this record (Name/Address/etc.) belong to the Lobbying Entity of the Filer\_ID, NOT the Lobbying Entity of the Sender\_ID.

05 R Entity\_Cd 3 Entity Code of the Filer Values:

LBY - Lobbyist (a person) (F615, F645)

FRM - Lobbying Firm (F625, F645)

LEM - Lobbying Employer (F635, F645)

LCO - Lobbying Coalition (F635, F645)

IND - Person (spending > $5000) (F645)

OTH - Other (F645)

06 Rx Filer\_NamL 200 Name of Lobbyist, Firm, Employer, Coalition or

Major Donor that is filing report

07 C Filer\_NamF 45 Lobbyist Entity First name

08 O Filer\_NamT 10 Lobbyist Entity Prefix or Title

09 O Filer\_NamS 10 Lobbyist Entity Suffix

10 Rx Report\_Num 3 Report Number - Values:

000 - Original Report

001 thru 999 - Amended Rpt #1-#999

11 Rx Rpt\_Date 8 Date this report is filed

12 R From\_Date 8 Reporting Period From Date

13 R Thru\_Date 8 Reporting Period To/Through Date

14 C Cum\_Beg\_Dt 8 Cumulative Period Beginning Date

(Req on F625,635,645)

15 C Firm\_ID 9 ID# of Firm/Employer/Coalition

(Req on F615)

**Note:** This is the ID# of the Firm/Employer/Coalition the Lobbyist works for - if

Lobbyist not self-employed.

COVER PAGE RECORD LAYOUT FOR F615,625,635,645 (Continued)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

16 C Firm\_Name 200 Name of Firm/Employer/Coalition

(Req on F615)

**Note:** This is the Name of the Firm/Employer/Coalition the Lobbyist works for - if

Lobbyist not self-employed.

Firm\_Name is mapped to print rendering of the 690 form only for amended F615 reports when Entity\_Cd = 'LBY'.)

17 R Firm\_Adr1 55 Street 1 of Firm/Employer/Coalition or

Business

18 O Firm\_Adr2 55 Street 2 of Firm/Employer/Coalition or

Business

19 R Firm\_City 30 City of Firm/Employer/Coalition or Business

20 R Firm\_ST 2 State of Firm/Employer/Coalition or Business

21 R Firm\_ZIP4 10 ZIP+4 of Firm/Employer/Coalition or Business

22 R Firm\_Phon 20 Phone of Firm/Employer/Coalition or Business

**Mailing Address fields only apply to F615 and F625 filings**.

23 O Mail\_Adr1 55 Mail Address of Firm/Employer/Coalition –

Street 1

24 O Mail\_Adr2 55 Mail Address of Firm/Employer/Coalition –

Street 2

25 C Mail\_City 30 Mail Address of Firm/Employer/Coalition - City

26 C Mail\_ST 2 Mail Address of Firm/Employer/Coalition –

State

27 C Mail\_ZIP4 10 Mail Address of Firm/Employer/Coalition –

ZIP+4

28 O Mail\_Phon 20 Mail Address of Firm/Employer/Coalition –

Phone

**Note:** This field does not appear on any forms, use for a second, alternate phone number is optional.

**Note:**  Fields 29-39 are also mapped to the print rendering of the F690

29 R Sig\_Date 8 Date when signed

30 R Sig\_Loc 45 City and State where signed

COVER PAGE RECORD LAYOUT FOR F615,625,635,645 (Continued)

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

31 R Sig\_NamL 200 Signer "as signed" Last name

32 R Sig\_NamF 45 Signer "as signed" First name

33 O Sig\_NamT 10 Signer "as signed" Prefix or Title

34 O Sig\_NamS 10 Signer "as signed" Suffix

35 R Prn\_NamL 200 Signer "as typed/printed" Last name

(F625,F635,F645)

36 R Prn\_NamF 45 Signer "as typed/printed" First name

(F625,F635,F645)

37 O Prn\_NamT 10 Signer "as typed/printed" Prefix or Title

38 O Prn\_NamS 10 Signer "as typed/printed" Suffix

39 C Sig\_Title 45 Title of Signer (F625,F635,F645)

------ **Variable F615 fields follow when Form\_Type=F615** -----------------------

40 O NoPart1\_CB 1 "No Part I information" check-box

41 O NoPart2\_CB 1 "No Part II information" check-box

------ **Variable F625 fields follow when Form\_Type=F625** -----------------------

40 O Part1\_1\_CB 1 "Partners, Owners, Form 615 attached" check-

box

41 O Part1\_2\_CB 1 "Partners, Owners, Listed below" check-box

42 O Ctrib\_N\_CB 1 "No Campaign Contributions Made" check-box

43 O Ctrib\_Y\_CB 1 "Part IV completed and Attached" check-box

44 O Lobby\_N\_CB 1 "Lobby Coalition - None" check-box

45 O Lobby\_Y\_CB 1 "Lobby Coalition - F630 attached" check-box

------ **If applicable, give Major Donor Name or Recipient Committee & ID**

46 C Major\_NamL 200 Major Donor Last Name (Part IV; Section A)

47 C Major\_NamF 45 Major Donor First Name(s)

48 O Major\_NamT 10 Major Donor Prefix or Title

49 O Major\_NamS 10 Major Donor Suffix

50 C RcpCmte\_Nm 200 Recipient Committee Name (Part IV; Sec. A)

51 C RcpCmte\_ID 9 Recipient Cmtte (or Major Donor) ID# (Part IV;

Sec A)

COVER PAGE RECORD LAYOUT FOR F615,625,635,645 (Continued)

------ **Variable F635 fields follow when Form\_Type=F635** ------------------------

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

40 O Ctrib\_N\_CB 1 "No Campaign Contributions Made" check-box

41 O Ctrib\_Y\_CB 1 "Part IV completed and Attached" check-box

42 R Lby\_Actvty 400 Description of Lobbying Activity -- Refer to

Overview for instructions on coding this field.

------ **If applicable, give Major Donor Name or Recipient Committee & ID**

43 C Major\_NamL 200 Major Donor Last Name (Part IV; Section A)

44 C Major\_NamF 45 Major Donor First Name(s)

45 O Major\_NamT 10 Major Donor Prefix or Title

46 O Major\_NamS 10 Major Donor Suffix

47 C RcpCmte\_Nm 200 Recipient Committee Name(Part IV; Section A)

48 C RcpCmte\_ID 9 Recipient Cmtte (or Major Donor) ID# (Part IV;

Sec A)

------ **Variable F645 fields follow when Form\_Type=F645** ------------------------

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

40 O Ctrib\_N\_CB 1 "No Campaign Contributions Made" check-box

41 O Ctrib\_Y\_CB 1 "Part III completed and Attached" check-box

42 R Lby\_Actvty 400 Description of Lobbying Activity -- Refer to

Overview for instructions on coding this field.

------ **If applicable, give Major Donor Name or Recipient Committee & ID**

43 C Major\_NamL 200 Major Donor Last Name (Part III; Section A)

44 C Major\_NamF 45 Major Donor First Name(s)

45 O Major\_NamT 10 Major Donor Prefix or Title

46 O Major\_NamS 10 Major Donor Suffix

47 C RcpCmte\_Nm 200 Recipient Committee Name (Part III; Section A)

48 C RcpCmte\_ID 9 Recipient Cmtte (or Major Donor) ID# (Part IV;

Sec A)

**Note:** F625 Part I and F635 Part II Name & Title information for Partners, Owners, Officers and Employees (PTN,OWN,OFF,EMP) is coded on CVR2 records with CVR2.Entity\_Cd = [PTN|OWN|OFF|EMP].

# COVER PAGE ({2} ADDITIONAL NAMES/COMMITTEES) RECORD LAYOUT

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: CVR2

02 Rx Form\_Type 4 Form\_Type

(must equal Form\_Type in CVR record)

 Values: F625; F635

03 Rx Tran\_ID 20 Transaction ID - permanent value unique to

this item

**Note:** Remainder of CVR2 record is parsed depending on value of Form\_Type.

------ Following variable fields used when Form\_Type=[F625|F635] -------------

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

04 Rx Entity\_Cd 3 Values: PTN - Partner

 OWN - Owner

 OFF - Officer

 EMP - Employee

05 C Entity\_ID 9 ID# of Entity (Partner, Owner, Officer,

Employee)

if that entity is required to file Form 615.

**Note:** Required on F625 when CVR.40.Part\_1\_1='X'

06 R Enty\_NamL 200 Partner, Owner, Officer, Employee Last name

07 R Enty\_NamF 45 Partner, Owner, Officer, Employee First name

08 O Enty\_NamT 10 Partner, Owner, Officer, Employee Prefix or

Title

09 O Enty\_NamS 10 Partner, Owner, Officer, Employee Suffix

10 C Enty\_Title 45 Title of Entity Named above (Req. on F635

only)

**AMENDMENT INFORMATION (a.k.a.. Form 690; Part II)**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: F690

02 Rx Form\_Type 4 Form\_Type (must equal Form\_Type in CVR

record) Values: F615; F625; F635; F645

03 Rx Exec\_Date 8 Date the original report (or prior amendment

to the original report) was executed on

04 Rx From\_Date 8 Report Period From Date of Original Report

05 Rx Thru\_Date 8 Report Period To/Through Date of Original

Report

06 O Chg\_Parts 100 Amended info affects items on Part(s)

07 O Chg\_Sects 100 Amended info affects items on Section(s)

08 Rx Amend\_Txt1 330 Description of changes

(6 lines of 55 char 9pt text)

**SUMMARY TOTALS RECORD LAYOUT**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: SMRY

02 Rx Form\_Type 8 Name of Filing Form or Schedule Name

03 Rx Line\_Item 8 Line Number of Summary Total

04 O Amount\_A 12 Summary Amount (Amount this Period)

**Note:** Amount(s) may have a null or zero value if there is no dollar total to be conveyed. SMRY records with null/zero Amount(s) do not have to be coded within a filing. Amount(s) are assumed to be zero in the absence of a SMRY record.

**Examples:**

F615 Lobbyist Report does not have any summary (SMRY) totals.

F625 SMRY records (when needed) are coded with these Form\_Type/Line# values:

**SMRY line**

SMRY,F625,A,Amt\_A

SMRY,F625,B,Amt\_A

SMRY,F625,C,Amt\_A

SMRY,F625,D,Amt\_A

SMRY,F625P2,0,Amt\_A {no Part 2 line-item# on form, code Line\_Item=0 (zero)}

SMRY,F625P3A,1,Amt\_A

SMRY,F625P3A,2,Amt\_A

SMRY,F625P3A,3,Amt\_A

SMRY,F625P3B,0,Amt\_A {no Part 3b line-item# on form, code Line\_Item=0 (zero)}

F635(including F640) SMRY records are coded with these Form\_Type/Line# values:

**SMRY line**

SMRY,F635,A,Amt\_A

SMRY,F635,B,Amt\_A

SMRY,F635,C,Amt\_A

SMRY,F635,D,Amt\_A

SMRY,F635,ABCD,Amt\_A

SMRY,F635,E,Amt\_A

SMRY,F635P3A,1,Amt\_A

SMRY,F635P3A,2,Amt\_A

SMRY,F635P3B,0,Amt\_A {no Part 3b line-item# on form, code Line\_Item=0 (zero)}

SMRY,F635P3C,0,Amt\_A {no Part 3c line-item# on form, code Line\_Item=0 (zero)}

SMRY,F635P3D,1,Amt\_A

SMRY,F635P3D,2,Amt\_A

SMRY,F635P3D,3,Amt\_A

SMRY,F635P3E,0,Amt\_A {no Part 3e line-item# on form, code Line\_Item=0 (zero)}

SMRY,S640,1,Amt\_A

SMRY,S640,2,Amt\_A

SMRY,S640,3,Amt\_A

SMRY,S640,4,Amt\_A

SMRY,S640,5,Amt\_A

F645(including F640) SMRY records are coded with these Form\_Type/Line# values:

**SMRY line**

SMRY,F645,A,Amt\_A

SMRY,F645,B,Amt\_A

SMRY,F645,AB,Amt\_A

SMRY,F645,C,Amt\_A

SMRY,F645P2A,0,Amt\_A {no Part 2a line-item# on form, code Line\_Item=0 (zero)}

SMRY,F645P2B,1,Amt\_A

SMRY,F645P2B,2,Amt\_A

SMRY,F645P2B,3,Amt\_A

SMRY,F645P2C,0,Amt\_A {no Part 2c line-item# on form, code Line\_Item=0 (zero)}

SMRY,S640,1,Amt\_A

SMRY,S640,2,Amt\_A

SMRY,S640,3,Amt\_A

SMRY,S640,4,Amt\_A

SMRY,S640,5,Amt\_A

**ACTIVITY EXPENDITURE SCHEDULES: (F615P1; F625P3A; F635P3C; F645P2A)**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: LEXP

02 Rx Form\_Type 7 Schedule Name/ID Values:

F615P1 = F615/Part 1 - Activity Expenses

F625P3A = F625/Part 3A - Activity Expenses

F635P3C = F635/Part 3C - Activity Expenses

F645P2A = F645/Part 2A - Activity Expenses

03 Rx Tran\_ID 20 Transaction ID - permanent value unique to

this item

04 R RecSubType 1 1 = Main Item Entry (Date and Amount are

required)

2 = Subsequent detail of additional Beneficiary

info

**ACTIVITY EXPENDITURE SCHEDULES: (cont.)**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

05 R Entity\_Cd 3 Entity Code of the Payee

Values: IND - Individual;

OTH - Other (e.g. a Business, Org, ...)

06 R Payee\_NamL 200 Payee's Last name

07 C Payee\_NamF 45 Payee's First name (Req if 'IND')

08 O Payee\_NamT 10 Payee's Prefix or Title

09 O Payee\_NamS 10 Payee's Suffix

10 R Payee\_Adr1 55 Address of Payee

11 O Payee\_Adr2 55 Optional 2nd line of Address

12 R Payee\_City 30 City

13 R Payee\_ST 2 State code

14 R Payee\_ZIP4 10 Zip+4

15 O CredCardCo 200 Name of Credit Card Company

(if paid by Credit Card)

16 R Bene\_Name 90 Name of Reportable Person Benefiting

17 R Bene\_Posit 90 Official Position of Person Benefiting

18 R Bene\_Amt 12 Amount Benefiting Beneficiary

19 R Expn\_Dscr 90 Description of Consideration

20 C Date 8 Date of Expenditure

(Only when RecSubType=1)

21 C Amount 12 Amount of Payment

(Only when RecSubType=1)

22 O Memo\_Code 1 Memo Amount?

(Date/Amount are informational only)

23 O Memo\_RefNo 20 Reference to text contained in a TEXT record.

24 O BakRef\_TID 20 Back Reference to a Tran\_ID of a "parent"

record

**PAYMENTS MADE/RECEIVED TO/FROM LOBBYING FIRMS SCHEDULES: (F625P2; F635P3B)**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: LPAY

02 Rx Form\_Type 7 Schedule Name/ID Value:

F625P2 = F625/Part 2 - Paymts Rcvd for

Lobby Activity

F635P3B = F635/Part 3B - Payments to

Lobbying Firms

03 Rx Tran\_ID 20 Transaction ID - permanent value unique to

this item

04 R Entity\_Cd 3 Entity Code of the Employer Values:

FRM - Lobbying Firm

LEM - Lobbying Employer

LCO - Lobbying Coalition

05 R Emplr\_NamL 200 Name of Firm, Employer, Coalition

06 O Emplr\_NamF 45 Employer First name

(never a person / not used)

07 O Emplr\_NamT 10 Employer Prefix or Title

(never a person / not used)

08 O Emplr\_NamS 10 Employer Suffix (never a person / not used)

09 R Emplr\_Adr1 55 Address of Firm, Employer, Coalition

10 O Emplr\_Adr2 55 Optional 2nd line of Address

11 R Emplr\_City 30 City

12 R Emplr\_ST 2 State code

13 R Emplr\_ZIP4 10 Zip+4

14 C Emplr\_Phon 20 Phone Number (Req if F625/Part2

(if Form\_Type=F625P2))

15 C Lby\_Actvty 200 Description of Lobbying Activity

(Req only on F625P2)

**Note:** See Overview for instructions on coding this field.

------ Any one out of the following 3 Amounts are required ------

16 C Fees\_Amt 12 Fees and Retainers Amount

17 C Reimb\_Amt 12 Reimbursements of Expenses Amount

18 C Advan\_Amt 12 Advance & Other Payments Amount

**PAYMENTS MADE/RECEIVED TO/FROM LOBBYING FIRMS SCHEDULES: (Cont.)**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

19 C Advan\_Dscr 100 Description of Advance and Other Payments

(Required if Advan\_Amt is non-zero)

20 R Per\_Total 12 Total this {reporting} Period

21 R Cum\_Total 12 Cumulative Total to Date

22 O Memo\_Code 1 Memo Amount?

(Date/Amount are informational only)

23 O Memo\_RefNo 20 Reference to text contained in a TEXT record.

24 O BakRef\_TID 20 Back Reference to a Tran\_ID of a "parent"

record

**PAYMENT TO OTHER LOBBYING FIRMS: (F625P3B)**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: LOTH

02 Rx Form\_Type 7 Schedule Name/ID Values:

F625P3B = F625/Part 3B - Paymts to OTHER

Lobby Firms

03 Rx Tran\_ID 20 Transaction ID - permanent value unique to

this item

04 R Firm\_Name 200 Name of Firm

05 R Firm\_Adr1 55 Address of Firm

06 O Firm\_Adr2 55 Optional 2nd line of Address

07 R Firm\_City 30 City

08 R Firm\_ST 2 State code

09 R Firm\_ZIP4 10 Zip+4

10 R Firm\_Phon 20 Phone Number

11 R Subj\_NamL 200 Last Name of Employer/Client subject of

lobbying

12 O Subj\_NamF 45 First Name of Employer/Client subject of

lobbying

**PAYMENT TO OTHER LOBBYING FIRMS: (F625P3B) Cont.**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

13 O Subj\_NamT 10 Prefix/Title of Employer/Client subject of

lobbying

14 O Subj\_NamS 10 Suffix of Employer/Client subject of lobbying

15 O Date 8 Date of Payment (Does not show on form)

16 R Amount 12 Amount of Payment

17 R Cum\_Amt 12 Cumulative Total to Date

18 O Memo\_Code 1 Memo Amount?

(Date/Amount are informational only)

19 O Memo\_RefNo 20 Reference to text contained in a TEXT record.

**CAMPAIGN CONTRIBUTIONS SCHEDULES: (F615P2; F625P4B; F635P4B; F645P3B)**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: LCCM

02 Rx Form\_Type 7 Schedule Name/ID Values:

F615P2 = F615/Part 2 - Campaign Contrib

F625P4B = F625/Part 4B - Campaign Contrib

F635P4B = F635/Part 4B - Campaign Contrib

F645P3B = F645/Part 3B - Campaign Contrib

03 Rx Tran\_ID 20 Transaction ID - permanent value unique to

this item

04 R Entity\_Cd 3 Entity Code for Recipient of the Campaign

Contribution Value: COM - Recipient

Committee

05 R Recip\_NamL 200 Name of Recipient of Campaign Contribution

06 O Recip\_NamF 45 Recipient's First name

07 O Recip\_NamT 10 Recipient's Prefix or Title

08 O Recip\_NamS 10 Recipient's Suffix

------ These Address fields do not appear on any forms, they are optional

**CAMPAIGN CONTRIBUTIONS SCHEDULES: (Cont.)**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

09 O Recip\_Adr1 55 Address of Recipient

10 O Recip\_Adr2 55 Optional 2nd line of Address

11 O Recip\_City 30 City

12 O Recip\_ST 2 State code

13 O Recip\_ZIP4 10 Zip+4

14 R Recip\_ID 9 ID# of Recipient

------ Contributor Name and Separate Account only apply to F615 filings

15 C Ctrib\_NamL 200 Contributor's Last name (If other than Lobbyist)

16 O Ctrib\_NamF 45 Contributor's First name

17 O Ctrib\_NamT 10 Contributor's Prefix or Title

18 O Ctrib\_NamS 10 Contributor's Suffix

19 C Acct\_Name 90 Name of Separate Account (If applicable)

20 C Date 8 Date of Contribution

21 C Amount 12 Amount of Contribution

22 O Memo\_Code 1 Memo Amount?

(Date/Amount are informational only)

23 O Memo\_RefNo 20 Reference to text contained in a TEXT record.

24 O BakRef\_TID 20 Back Reference to a Tran\_ID of a "parent"

record

**ATTACHMENT SCHEDULES FOR PAYMENTS: (S630; S635-C; S640)**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: LATT

02 Rx Form\_Type 6 Schedule Name/ID Values:

S630 = Payments Made to Lobbying Coalitions

S635-C = Payments Rcvd by Lobbying

Coalitions

S640 = Other Payments to Influence

**ATTACHMENT SCHEDULES FOR PAYMENTS: (S630; S635-C; S640) Cont.**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

03 Rx Tran\_ID 20 Transaction ID - permanent value unique to

this item

04 R Entity\_Cd 3 Entity Code of the Payment Recipient/Payee

Values: FRM - Lobbying Firm;(S635-C|S640)

LEM - Lobbying Employer; (S635-C|S640)

LCO - Lobbying Coalition; (S630|S635-C)

LBY - Lobbyist (a person); (S635-C)

IND - Individual; (S635-C|S640)

OTH - Other (Bus,Org,etc.) (S635-C|S640)

05 R Recip\_NamL 200 Recipient/Payee's Last name

First 6 characters MUST contain string:

“[@] – “ representing “Payment Purpose”

Valid values for ‘@’ (Cal Code Regs. 18616):

S – Salary and compensation of employees…

E – Expenses incurred by a lobbyist…

L – Legislative related services…

C – Consultants and governmental relations…

P – Public affairs…

A – Advertising…

R – Research…

V – Lobbying events…

O – All other payments…

06 C Recip\_NamF 45 Recipient/Payee's First name

(Req if 'LBY' or 'IND')

07 O Recip\_NamT 10 Recipient/Payee's Prefix or Title

08 O Recip\_NamS 10 Recipient/Payee's Suffix

09 R Recip\_Adr1 55 Address of Recipient/Payee

10 O Recip\_Adr2 55 Optional 2nd line of Address

11 R Recip\_City 30 City

12 R Recip\_ST 2 State code

13 R Recip\_ZIP4 10 Zip+4

14 O Date 8 Date of Payment (Does not show on form)

15 R Amount 12 Amount of Payment

16 R Cum\_Amt 12 Cumulative Total to Date

17 O CumBeg\_Dt 8 Cumulative Period Begin Date (This field is not

used)

18 O Memo\_Code 1 Memo Amount? (Date/Amount are

informational only)

19 O Memo\_RefNo 20 Reference to text contained in a TEXT record.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

\* S e c t i o n 4 - L o b b y i s t S t a t e m e n t s \*

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

 F601 Lobbying Firm Registration Statement

 F602 Lobbying Firm Activity Authorization

 F603 Lobbyist Employer or Lobbying Coalition Registration Statement

 F604 Lobbyist Certification Statement

 F605\* Amendment to Registration, Lobbying Firm, Lobbyist Employer,

 Lobbying Coalition

 F606 Notice of Termination

 F607 Notice of Withdrawal

 \* The 605 is not filed as a stand-alone filing. Instead

 it is included within the 601 and 603 Registration filings.

**Electronic File Components by Filing Type**

**RecType FormName Description**

HDR CAL CAL Header record

CVR F601 Cover Page Lobbying Firm Registration Statement

CVR2 F601 Cover Page; Part I Individual Lobbyists

F605 F601 Amendment information sheet (a.k.a. Form 605)

LEMP F601P2A Part II/Sec A Lobbyist Employers

LEMP F601P2B Part II/Sec B Subcontracted Clients

HDR CAL "CAL" Header record

CVR F602 Cover Page; Lobbying Firm Activity Authorization

CVR2 F602 Cover Page; side 1: Names of Subcontracted

 Clients side 2: Names "50 or less" Assoc members

**RecType FormName Description**

HDR CAL "CAL" Header record

CVR F603 Cover Page; Lobbyist Employer/Coalition Regis

 Stmt

CVR2 F603 Cover Page; Names of Employees, Firms &

 Agencies

F605 F603 Amendment Information sheet (a.k.a. Form 605)

**RecType FormName Description**

HDR CAL "CAL" Header record

CVR F604 Cover Page; Lobbyist Certification Statement

HDR CAL "CAL" Header record

CVR F606 Cover Page; Notice of Termination

HDR CAL "CAL" Header record

CVR F607 Cover Page; Notice of Withdrawal

**COVER PAGE RECORD LAYOUT FOR: F601; F602; F603; F604; F606; F607**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: CVR

02 Rx Form\_Type 4 Type of Filing or Form set.

 Values: F601; F602; F603; F604; F606; F607

03 Rx Sender\_ID 9 ID# of Lobbyist Entity that is SUBMITTING this

report.

**Note:** This is the ID# assigned by the SOS after the Lobbyist Entity first registers. Typically, it is the same as the Filer\_ID except when a Firm is submitting a report on bahalf of another Lobbyist Entity.

04 Rx Filer\_ID 9 ID# of Lobbyist Entity that is SUBJECT of this

report.

**Note:** Sender and Filer ID# are not necessarily the same on F602, F604, F606 & F607 filings. However, they must always be equal on F601 and 603 reports.

**Note:** The contents of this record (Name/Address/etc.) belong to the Lobbying Entity of the Filer\_ID, NOT the Lobbying Entity of the Sender\_ID.)

05 R Entity\_Cd 3 Entity Code of the Filer Values:

LBY - Lobbyist Person (F601,604,606,607)

FRM - Lobbying Firm (F601,602,603,606)

LEM - Lobbying Employer (F601,602,603,606)

LCO - Lobbying Coalition (F601,602,603,606)

**COVER PAGE RECORD LAYOUT FOR: F601; F602; F603; F604; F606; F607**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

06 Rx Filer\_NamL 200 Lobbying Entity Name (or Lobbyist Person's

Last Name)

07 C Filer\_NamF 45 Lobbyist's First name (Req only if 'LBY')

08 O Filer\_NamT 10 Lobbyist's Prefix or Title

09 O Filer\_NamS 10 Lobbyist's Suffix

10 Rx Report\_Num 3 Report Number - Values: 000 - Original

Report 001-999 - Amended Rpt #1-#999

11 Rx Rpt\_Date 8 Date this report is filed

12 R LS\_Beg\_Yr 4 Legislative Session Beginning Year

13 R LS\_End\_Yr 4 Legislative Session Ending Year

14 O Qual\_Date 8 Date Qualified (when this is an initial

registration)

**Note:** this date applies to F601, F603 and F604 forms

15 C Eff\_Date 8 Effective Date of Auth/Term (Req. if

F602,F606,F607)

16 R Bus\_Adr1 55 Business Address of Filer - Street 1

17 O Bus\_Adr2 55 Business Address of Filer - Street 2

18 R Bus\_City 30 Business Address of Filer - City

19 R Bus\_ST 2 Business Address of Filer - State

20 R Bus\_ZIP4 10 Business Address of Filer - ZIP+4

21 R Bus\_Phon 20 Phone number

22 O Bus\_FAX 20 Optional FAX number

23 O Bus\_Email 60 Optional Email address

24 O Mail\_Adr1 55 Mail Address of Filer (if different) - Street 1

25 O Mail\_Adr2 55 Mail Address of Filer (if different) - Street 2

26 C Mail\_City 30 Mail Address of Filer (if different) - City

27 C Mail\_ST 2 Mail Address of Filer (if different) - State

28 C Mail\_ZIP4 10 Mail Address of Filer (if different) - ZIP+4

29 O Mail\_Phon 20 Mail Address of Filer (if different) - Phone

30 R Sig\_Date 8 Date when signed

31 O Sig\_Loc 45 City and State where signed (does not appear

on forms)

**COVER PAGE RECORD LAYOUT FOR: F601; F602; F603; F604; F606; F607**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

32 R Sig\_NamL 200 Signer "as signed" Last name

33 R Sig\_NamF 45 Signer "as signed" First name

34 O Sig\_NamT 10 Signer "as signed" Prefix or Title

35 O Sig\_NamS 10 Signer "as signed" Suffix

36 C Prn\_NamL 200 Signer "as typed/printed" Last name

(not on F604)

37 C Prn\_NamF 45 Signer "as typed/printed" First name

(not on F604)

38 O Prn\_NamT 10 Signer "as typed/printed" Prefix or Title

39 O Prn\_NamS 10 Signer "as typed/printed" Suffix

40 C Sig\_Title 45 Title of Signer (not on F604)

------ Variable F601 field follows when Form\_Type=F601 ------------------------

41 R Stmt\_Firm 90 Lobby Firm Name in "Statement of

Responsible Officer"

------ Variable F602/F603 fields follow when Form\_Type=[F602|F603] ------------

------ One and only one of the following 4 check-boxes should be checked ------

41 C Ind\_CB 1 Individual check-box

42 C Bus\_CB 1 Business check-box

43 C Trade\_CB 1 Industry/Trade/Professional check-box

44 C Oth\_CB 1 Other check-box

45 C A\_B\_Name 200 Name A. Individual or B. Business Entity

46 C A\_B\_Adr1 55 Street 1 of A. Individual or B. Business Entity

47 O A\_B\_Adr2 55 Street 2 of A. Individual or B. Business Entity

48 C A\_B\_City 30 City of A. Individual or B. Business Entity

49 C A\_B\_ST 2 State of A. Individual or B. Business Entity

50 C A\_B\_ZIP4 10 ZIP+4 of A. Individual or B. Business Entity

51 C Descrip\_1 300 Description of Business Activity,

Industry or Other

52 C Descrip\_2 300 Description of specific or other

lobbying interests

**COVER PAGE RECORD LAYOUT FOR: F601; F602; F603; F604; F606; F607**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

53 C C\_Less50 1 No. members in Industry Assoc - 50 or less

54 C C\_More50 1 No. members in Industry Assoc - More than 50

55 O Ind\_Class 3 Industry Classification

 Values: AGR - Agriculture

EDU - Education

GOV - Government

HEA - Health

LAB - Labor Unions

LEG - Legal

PUB - Public Employee

POL - Political Organizations

UTL - Utilities

OTH - Other

56 C Ind\_Descr 100 Description of Industry Classification if [OTH]er

57 C Bus\_Class 3 Business Classification

(Req if Ind\_Class is blank)

Values: ENT - Entertainment

FIN - Finance/Insurance

LOG - Lodging/Restaurants

MAN - Manufacturing/Industrial

MER - Merchandise/Retail

OIL - Oil & Gas

PRO - Professional/Trade

REA - Real Estate

TRN - Transportation

OTH - Other

58 C Bus\_Descr 100 Description of Business Classification if

[OTH]er

------ Additional variable F602 fields follow when Form\_Type=F602 -------------

59 R Auth\_Name 200 Name authorized of Lobbying Firm

60 R Auth\_Adr1 55 Street 1 of Filer

61 O Auth\_Adr2 55 Street 2 of Filer

62 R Auth\_City 30 City 1 of Filer

**COVER PAGE RECORD LAYOUT FOR: F601; F602; F603; F604; F606; F607**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

63 R Auth\_ST 2 State of Filer

64 R Auth\_ZIP4 10 ZIP+4 of Filer

------ Additional Variable F603 fields follow when Form\_Type=F603 -------------

59 R Lobby\_Int 300 Description of Part III Lobbying Interests

60 R Influen\_YN 1 Attempt to Influence State Legislation? Yes/No

------ Variable F604 fields follow when Form\_Type=F604 ------------------------

41 R Firm\_Name 200 Name of Lobbyist Employer or Lobbying Firm

------ Only ONE of the next three fields (check-boxes/Date) should be coded ---

42 C NewCert\_CB 1 Will take a New Cert check-box "check-circle"

#1

43 C RenCert\_CB 1 Will take a Renewal Cert check-box

"check-circle" #2

44 C Complet\_Dt 8 Ethics Orient Course Completion

 (Req if NewCert\_CB and RenCert\_CB

are both blank)

------ Only ONE of the following 2 check-boxes should be checked --------------

45 C Lby\_Reg\_CB 1 Lobby agcy in 601/603 Reg Stmt check-box #1

46 C Lby\_604\_CB 1 Lobby agcy in this 604 Stmt check-box #2

47 C St\_Leg\_YN 1 Will Lobby State Legislature? Y/N

(Req if Lby\_604\_CB=X)

48 C St\_Agency 100 List of Identified State Agencies

(Req if Lby\_604\_CB=X)

------ Variable F606/F607 fields follow when Form\_Type=[F606|F607] ------------

41 R Firm\_Name 200 Name of Lobbyist Employer or Lobbying Firm

42 C Lobby\_CB 1 "Lobbyist within the meaning ..."

check-box (F607 only)

43 C L\_Firm\_CB 1 "Lobbying firm within the ..."

check-box (F607 only)

------ At least one of above two check-boxes must be used on F607 filings -----

**COVER PAGE ({2} ADDITIONAL NAMES/COMMITTEES) RECORD LAYOUT**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: CVR2

02 Rx Form\_Type 4 Form\_Type

(must equal Form\_Type in CVR record)

Values: F601; F602; F603

03 Rx Tran\_ID 20 Transaction ID - permanent value unique

to this item

**Note:** Remainder of CVR2 record is parsed depending on value of Form\_Type.

------ Following variable fields used when Form\_Type=[F601|F602] -------------

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

04 Cx Entity\_Cd 3 Values:

SCL - Subcontracted Client (F602,Cover/side1)

MBR - Association member(F602,Cover/side2)

Null - Entity\_Cd not required on Form 601

05 C Entity\_ID 9 ID# of Entity (Partner, Owner, Officer,

Employee) on a F601 Part 1 (This person must also file a 604).

**Note:** Entity\_ID is required for F601 filings; (i.e. when Entity\_Cd not = 'SCL' or 'MBR')

06 R Enty\_NamL 200 Lobbyist/Subcontracted Client/Assoc Member

Last name

07 C Enty\_NamF 45 Lobbyist/Assoc Member First name

(Req if NOT 'SCL')

08 O Enty\_NamT 10 Lobbyist/Assoc Member Prefix/Title

09 O Enty\_NamS 10 Lobbyist/Assoc Member Suffix

**COVER PAGE ({2} ADDITIONAL NAMES/COMMITTEES) RECORD LAYOUT**

------ Following variable fields used when Form\_Type=F603 --------------------

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

04 Rx Entity\_Cd 3 Values:

FRM - Lobbying Firm (Right Col of Part I)

EMP - Employee Lobbyist (Left side of Part I)

AGY - State Agency (Listed in Part II)

05 C Entity\_ID 9 ID# of Entity

(Lobbying Firm or Employee Lobbyist)

**Note:** On a F603 (Employee Lobbyist must also file a 604).

**Note:** Entity\_ID is required for F603 filings; (i.e. when Entity\_Cd = 'FRM' or 'EMP')

06 R Enty\_NamL 200 Lobbying Entity or State Agency Last name

07 C Enty\_NamF 45 Lobbying Entity First name (Req only if 'EMP')

08 O Enty\_NamT 10 Lobbying Entity Prefix or Title

09 O Enty\_NamS 10

**AMENDMENT INFORMATION (a.k.a.. Form 605; Part I)**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: F605

02 Rx Form\_Type 4 Form\_Type

(must equal Form\_Type in CVR record)

 Values: F601; F603

03 Rx Exec\_Date 8 Date this Amendment executed on

04 Rx From\_Date 8 Report Period From Date of Original Report

05 Rx Thru\_Date 8 Report Period To/Through Date of Original

Report

------ At least one of the Check-boxes below must be "checked"

06 O Add\_L\_CB 1 Add Lobbyist check-box

07 C Add\_L\_Eff 8 Add Lobbyist Effective Date

08 C A\_L\_NamL 200 Add Lobbyist Last Name (1st one changed)

**AMENDMENT INFORMATION (a.k.a.. Form 605; Part I) Cont.**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

09 C A\_L\_NamF 45 Add Lobbyist First Name (1st one changed)

10 O A\_L\_NamT 10 Add Lobbyist Prefix/Title (1st one changed)

11 O A\_L\_NamS 10 Add Lobbyist Suffix (1st one changed)

12 O Del\_L\_CB 1 Delete Lobbyist check-box

13 C Del\_L\_Eff 8 Delete Lobbyist Effective Date

14 C D\_L\_NamL 200 Delete Lobbyist Last Name (1st one changed)

15 C D\_L\_NamF 45 Delete Lobbyist First Name (1st one changed)

16 O D\_L\_NamT 10 Delete Lobbyist Prefix/Title (1st one changed)

17 O D\_L\_NamS 10 Delete Lobbyist Suffix (1st one changed)

18 O Add\_LE\_CB 1 Add Lobbyist Employer check-box

19 C Add\_LE\_Eff 8 Add Lobbyist Employer Effective Date

20 C A\_LE\_NamL 200 Add Lobbyist Employer Last Name

(1st one changed)

21 O A\_LE\_NamF 45 Add Lobbyist Employer First Name

(1st one changed)

22 O A\_LE\_NamT 10 Add Lobbyist Employer Prefix/Title

(1st one changed)

23 O A\_LE\_NamS 10 Add Lobbyist Employer Suffix

(1st one changed)

24 O Del\_LE\_CB 1 Delete Lobbyist Employer check-box

25 C Del\_LE\_Eff 8 Delete Lobbyist Employer Effective Date

26 C D\_LE\_NamL 200 Delete Lobbyist Employer Last Name

(1st one changed)

27 O D\_LE\_NamF 45 Delete Lobbyist Employer First Name

(1st one changed)

28 O D\_LE\_NamT 10 Delete Lobbyist Employer Prefix/Title

(1st one changed)

29 O D\_LE\_NamS 10 Delete Lobbyist Employer Suffix

(1st one changed)

30 O Add\_LF\_CB 1 Add Lobbying Firm check-box

31 C Add\_LF\_Eff 8 Add Lobbying Firm Effective Date

32 C A\_LF\_Name 200 Add Lobbying Firm Name (first one changed)

33 O Del\_LF\_CB 1 Delete Lobbying Firm check-box

34 C Del\_LF\_Eff 8 Delete Lobbying Firm Effective Date

35 C D\_LF\_Name 200 Delete Lobbying Firm Name

(first one changed)

**AMENDMENT INFORMATION (a.k.a.. Form 605; Part I) Cont.**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

36 O Other\_CB 1 Other Amendments check-box

37 C Other\_Eff 8 Other Amendments Effective Date

38 C Other\_Desc 100 Description of changes.

39 O F606\_Yes 1 Lobbyist ceasing all activities (Form 606)

40 O F606\_No 1 Lobbyist ceasing employment,

but remains active

**LOBBYIST EMPLOYERS/SUBCONTRACTED CLIENTS: (F601P2A; F601P2B)**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

01 Rx Rec\_Type 4 Record Type Value: LEMP

02 Rx Form\_Type 7 Schedule Name/ID Values:

F601P2A = F601/Part 2A - Client / Employer

F601P2B = F601/Part 2B - Subcontract Client

03 Rx Tran\_ID 20 Transaction ID - permanent value unique to

this item

04 O Client\_ID 9 ID# of Part 2A Employer or Part 2B

Client/Employer

**Note:** This entity must also file a 602

05 R Cli\_NamL 200 Last Name of [Employing] Client

06 O Cli\_NamF 45 First Name of [Employing] Client

07 O Cli\_NamT 10 Prefix or Title of [Employing] Client

08 O Cli\_NamS 10 Suffix of [Employing] Client

09 R Cli\_Adr1 55 Address of [Employing] Client

10 O Cli\_Adr2 55 Optional 2nd line of Address

11 R Cli\_City 30 City

12 R Cli\_ST 2 State code

13 R Cli\_ZIP4 10 Zip+4

14 R Cli\_Phon 20 Phone number

15 R Eff\_Date 8 Effective Date of Lobbying Contract

**LOBBYIST EMPLOYERS/SUBCONTRACTED CLIENTS: (F601P2A; F601P2B)**

R{x} Max

# C{x} Field Name Len Description

--- ---- ---------------- ----- ----------------------------------------------------------

16 R Con\_Period 30 Period of Contract

17 R AgencyList 200 Agencies to be Lobbied

18 R Descrip 100 Description of Employer/Client Lobbying

Interests

------ Following fields required for Form\_Type=F601P2B -----------------------

19 O SubFirm\_ID 9 ID# of Part 2b Subcontracting Lobbying Firm

**Note:** This entity must also file a 602

20 C Sub\_Name 200 Name of Subcontracting Lobbying Firm

21 C Sub\_Adr1 55 Address of Subcontracting Lobbying Firm

22 O Sub\_Adr2 55 Optional 2nd line of Address

23 C Sub\_City 30 City

24 C Sub\_ST 2 State code

25 C Sub\_ZIP4 10 Zip+4

26 C Sub\_Phon 20 Phone number

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