FORM 645 – REPORT OF PERSON SPENDING $5,000 OR MORE TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION

1. General Information
2. Form 645
3. Data Elements
4. Filing Requirements
5. Written Notations
6. Signature Requirements

GENERAL INFORMATION:

1. A "Sendback" letter is sent only when a signature is missing.
2. The form is not official until it's signed. Do not code the form into AMS if the signature is missing.
3. In many instances, missing or incomplete information may be found using other sources (e.g. existing record in AMS, other submitted forms, etc.).
4. If missing or incomplete information cannot be determined, attempt to contact the filer by phone, email or letter. Any information provided by the filer should also be obtained in writing.
5. Any questions regarding processes should be directed to a PRD supervisor.

Form 645 – Report of Person Spending $5,000 or more to Influence Legislative or Administrative Action
Review Points – Form and AMS

REPORT OF PERSON SPENDING $5,000 OR MORE TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION

(Government Code Section 86116)

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FORM 645
1993

1 REPORT COVERS PERIOD FROM _____ THROUGH _____

CUMULATIVE PERIOD BEGINNING _____

FOR OFFICIAL USE ONLY

A

B

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see Information Manual on Lobbying Disclosure Provisions of the Political Reform Act.

3 a-c NAME OF FILER:

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)

TELEPHONE NUMBER: ( )

4 **PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD**
(See instructions on reverse.)

☐ If more space is needed, check box and attach continuation sheets.

SUMMARY OF PAYMENTS THIS PERIOD

A. Total Activity Expenses (Part II, Section A) ..... $_____

B. Total Other Payments to Influence (Part II, Section B) ..... $_____

Total (A + B above) ..... $_____

C. Total Payments in Connection with PUC Activities (Part II, Section C) ..... $_____

CAMPAIGN CONTRIBUTIONS: ☐ Part III completed and attached ☐ No campaign contributions made this period

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

5 a-e

Executed on (Date)	At (City and State)	By (Signature of Filer or Responsible Officer)

Name of Filer or Responsible Officer (Type or Print)	Title

Form 645 – Report of Person Spending $5,000 or more to Influence Legislative or Administrative Action
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3a

NAME OF FILER: _____ PERIOD COVERED: _____

1

PART II - PAYMENTS MADE THIS PERIOD

6

A. ACTIVITY EXPENSES (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each		Description of Consideration	Total Amount of Activity
			$		$

☐ If more space is needed, check box and attach continuation sheets.

TOTAL SECTION A (Activity Expenses). Also enter the total of Section A on Line A of the Summary of Payments section on page 1. $

B. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION

☐ NOTE: State and local government agencies do not complete this section. Check the box and complete Attachment Form 640 instead.

1. PAYMENTS TO LOBBYING COALITIONS (NOTE: Attach Form 630.) $ _____
2. OTHER PAYMENTS $ _____

TOTAL SECTION B (1 + 2). Also enter the total of Section B on Line B of the Summary of Payments section on page 1. $

C. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION

(See instructions on reverse.) Also enter the total of Section C on Line C of the Summary of Payments section on page 1. $

Form 645 – Report of Person Spending $5,000 or more to Influence Legislative or Administrative Action
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3a NAME OF FILER: _____ PERIOD COVERED: _____ 1

7 **PART III - CAMPAIGN CONTRIBUTIONS MADE** (Monetary and non-monetary campaign contributions of $100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which Has Filed A Campaign Disclosure Statement: _____

Identification Number if Recipient Committee: _____

B. Contributions of $100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			$

☐ If more space is needed, check box and attach continuation sheets.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

Clear Form Print Form

DATA ELEMENTS

This section provides guidance for reviewing the Form 645, explaining the data fields the filer must or may complete, and the method used for obtaining missing or incomplete information. It also indicates the location of the corresponding AMS data entry field (if any).

***Methods of Contact (MOC):**
PC –Phone Call
EL – Exception Letter
OC – Other contact (email, fax) – Use email for "overseas/out of country" lobbyists.
SB – Sendback Letter
N/A – No or No Action

No.	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
1	Period Covered ___ to ___/ Cumulative Period Beginning	Yes			Filer: Logging Form
2	Page __ of __	No			No field available to enter this data.
3a	Name of Filer	Yes			Filer: Name
3b	Business Address	Yes	P.O. Box is not allowed		Filer: Address
3c	Telephone Number	Yes			Filer: Telephone Number
4	PART I – Legislative or State Agency Administrative Actions Actively Lobbied During the Period	Yes			No field available to enter this data.
5a	Verification – Executed on (Date)	Yes			No field available to enter this data.
5b	At (City and State)	Yes			No field available to enter this data.
5c	By (Signature of Filer or Responsible Officer)	Yes		SB if signature missing; EL if other signature issue	No field available to enter this data.
5d	Name of Filer or Responsible Officer	Yes			No field available to enter this data.
5e	Title	Yes			No field available to enter this data.
6	PART II – Payments Made This Period	Yes			No field available to enter this data.
7	PART III – Campaign Contributions Made	Yes			No field available to enter this data.

Filing Requirements

This section provides an explanation of other forms that may have a dependency on this form, or whether this form has any dependencies on other forms.

Attachment Description	Required/ Optional	Comments
None		

Written Notations

This section explains information handwritten or stamped onto the Form.

Entered By	Notation	Comments
Lobby/Intake	Date Stamp	
Forms Reviewer	ID Number; Write 'L' (for Logging), <dash> initials to indicate this form has been coded.	E.g. "L-MP"

Signature Requirements

This section provides guidance on the individual(s) who may act as an authorized signer of the Form 645.

Authorized Signer	Comments
Filer or Responsible Officer	