FORM 602 – LOBBYING FIRM ACTIVITY AUTHORIZATION

1. General Information
2. Form 602
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. In many instances, missing or incomplete information may be found using other sources (e.g. existing record in AMS, other submitted forms, etc.).
3. 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.
4. Any questions regarding processes should be directed to a PRD supervisor.

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Review Points – Form and AMS

Lobbying Firm Activity Authorization
(Government Code Section 86104)

Check *one* box, if applicable

3 ☐ **Lobbyist Employer** (Gov. Code Section 82039.5)

☐ **Lobbying Coalition** (FPPC Regulation 18616.4)

Type or Print in Ink

Legislative Session

1 _____ (Insert Years)

2 Page _____ of _____

CALIFORNIA FORM 602
FAIR POLITICAL PRACTICES COMM.
For Official Use Only

4 NAME OF FILER:

EFFECTIVE DATE:

TELEPHONE NUMBER: ( )

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

FAX NUMBER: (Optional) ( )

6 MAILING ADDRESS: (If different than above.)

E-MAIL: (Optional)

11 **I hereby authorize** _____
(Name of Lobbying Firm)

12 _____
(Business Address)

to engage in the activities of a lobbying firm (as defined in California Government Code Section 82038.5 and 2 Cal. Code of Regs. Section 18238.5) on behalf of the above named employer.

If you are authorizing another lobbying firm to lobby on behalf of your firm's client(s), provide the name(s) of the client(s) below. (It is not necessary to complete the Nature and Interests section.)

13

NAME OF SUBCONTRACTED CLIENT:	NAME OF SUBCONTRACTED CLIENT:
NAME OF SUBCONTRACTED CLIENT:	NAME OF SUBCONTRACTED CLIENT:

VERIFICATION

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and to the best of my knowledge the information contained herein 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.

14 Executed on _____ (DATE)

By _____ (SIGNATURE OF RESPONSIBLE OFFICER) 15

16 Name of Responsible Officer _____ (PRINT OR TYPE)

Title _____ 17

FPPC Form 602 (7/98)
For Technical Assistance: 916/322-5660

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Lobbying Firm
Activity Authorization

CALIFORNIA FORM **602**
FAIR POLITICAL PRACTICES COMM.

SEE INSTRUCTIONS ON REVERSE — **Type or Print in Ink**

4 NAME OF FILER:

Page _____ of _____ 2

Nature and Interests of Lobbyist Employer

Check *one* box only:

18
- ☐ INDIVIDUAL (Complete only Parts A and E)
- ☐ BUSINESS ENTITY (Complete only Parts B and E)
- ☐ INDUSTRY, TRADE OR PROFESSIONAL ASSN. (Complete only Parts C and E)
- ☐ OTHER (e.g., lobbying coalition) (Complete only Parts D and E)

A. Individual

19 1. Name and address of employer (or principal place of business if self-employed):

2. Description of business activity in which you or your employer are engaged: 20

21 **B. Business Entity**

Description of business activity in which engaged:

C. Industry, Trade or Professional Association

22 1. Description of industry, trade or profession represented:

2. Specific description of any portion or faction of the industry, trade, or profession which the association exlusively or primarily represents: 23

24 3. Number of members in association *(check appropriate box)*

☐ 50 OR LESS (provide names of all members on an attachment.) ☐ MORE THAN 50

D. Other

25 1. Statement of nature and purposes:

2. Description of any trade, profession, or other group with a common economic interest which is principally represented or from which membership or financial support is principally derived: 26

E. Industry Group Classification

27 Check one box which most accurately describes the industry group which you represent. See instructions on reverse.

- ☐ *AGRICULTURE*
- ☐ *EDUCATION*
- ☐ *GOVERNMENT*
- ☐ *HEALTH*
- ☐ *LABOR UNIONS*
- ☐ *LEGAL*
- ☐ *PUBLIC EMPLOYEES*
- ☐ *POLITICAL ORGANIZATIONS*
- ☐ *UTILITIES*
- ☐ *OTHER:* _____ (Describe in detail)

BUSINESS (Check one of the following sub-categories.)

- ☐ ENTERTAINMENT/RECREATION
- ☐ FINANCE/INSURANCE
- ☐ LODGING/RESTAURANTS
- ☐ MANUFACTURING/INDUSTRIAL
- ☐ MERCHANDISE/RETAIL
- ☐ OIL AND GAS
- ☐ PROFESSIONAL/TRADE
- ☐ REAL ESTATE
- ☐ TRANSPORTATION
- ☐ OTHER: _____ (Specific Description)

FPPC Form 602 (7/98)
For Technical Assistance: 916/322-5660

Clear Form | Print Form

DATA ELEMENTS

This section provides guidance for reviewing the Form 602, 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	Enter Data and Suspend?	AMS Data Entry
1	Legislative Session	Yes	Pencil in if omitted	PC/OC/EL	Yes	Add New Filer/Filer: Attribute
2	Page _ of _	No				No field available to enter this data.
3	Lobbying Employer/Coalition check boxes	No			N/A	Add New Filer/Filer: Attribute
4	Name of Filer	Yes	Must conform to naming convention	PC/OC/EL	No	Add New Filer/Filer: Name
5	Business Address (Number and Street, City, State, Zip Code)	Yes		PC/OC/EL	Yes	Add New Filer/Filer: Address
6	Mailing Address (if different from Business Address)	No				Add New Filer/Filer: Address
7	Effective Date	Yes		PC/OC/EL	Yes	Add New Filer/Filer: Attribute
8	Telephone Number	Yes	May be found on Form 601 or prior AMS session record	OC/EL	Yes	Add New Filer/Filer: Address
9	Fax Number	No				Add New Filer/Filer: Address
10	Email	No				Add New Filer/Filer: Address
11	Name of Lobbying Firm being authorized	Yes		PC/OC/EL	Yes	Add New Filer/Filer: Name – and Link
12	Business Address of Lobbying Firm being authorized	Yes		PC/OC/EL	Yes	Add New Filer/Filer: Address
13	Name of Subcontracted Client	Yes: If Form 602 is from a Lobbying Firm				Add New Filer/Filer: Name – and Link
14	Verification: Execution Date	Yes		PC/OC/EL	Yes	No field available to enter this data.

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No.	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	Enter Data and Suspend?	AMS Data Entry
15	Verification: Signature of Responsible Officer	Yes	"Wet" signature required.	SB	No - Do not enter the Registration AMS.	No field available to enter this data.
16	Verification: Name of Responsible Officer.	Yes		PC/OC/EL	Yes	No field available to enter this data.
17	Verification: Title of Responsible Officer	Yes		PC/OC/EL	Yes	No field available to enter this data.
18	Nature and Interests of Lobbyist Employer – check boxes	Yes	One box only should be checked. OK if no box is checked, but section A, B C, or D is completed.	PC/OC/EL	Yes	Check box "Add Interest Code" a sub window will be displayed to enter Interest information. Interest for {Client name} Select Interest from the dropdown list. Select Session from the dropdown list. Enter the Effective Date.
19	A. Individual: Name and address of employer	Yes: if box for INDIVIDUAL is checked		PC/OC/EL	Yes	Add New Filer/Filer: Name – and Link
20	A. Individual: Description of business activity in which you or your employer are engaged.	No			N/A	No field available to enter this data.
21	B. Business Entity: Description of business activity in which engaged	Yes: if box for BUSINESS ENTITY is checked		PC/OC/EL	Yes	No field available to enter this data.
22	C. Industry, Trade or Professional Association: Description of industry, trade or profession represented	Yes: if INDUSTRY, TRADE OR PROFESSIONAL ASSN is checked		PC/OC/EL	Yes	No field available to enter this data.
23	C. Industry, Trade or Professional Association: Specific description of any portion or faction of the industry, trade or profession which the association exclusively or primarily represents.	No				No field available to enter this data.

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No.	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	Enter Data and Suspend?	AMS Data Entry
24	C. Industry, Trade or Professional Association: Number of members in association	Yes	Check only one box. If box “50 or less” is checked, then a list of names must be provided.	PC/OC/EL	Yes	No field available to enter this data.
25	D. Other: Statement of nature and purposes.	Yes: if OTHER is checked		PC/OC/EL	Yes	No field available to enter this data.
26	D. Other: Description of any trade, profession, or other group with a common economic interest which is principally represented or from which membership or financial support is principally derived.	No				No field available to enter this data.
27	E. Industry Group Classification checkboxes	Yes	Check only one box. OK to use prior session data if no boxes are checked. If “Other” is checked, must provide specific description.	PC/OC/EL	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
Form 601	Required	Form 602 must be filed with Form 601.

Written Notations

This section explains information handwritten or stamped onto the Form.

Entered By	Notation	Comments
Lobby/Intake	Date Stamp	
Forms Reviewer	ID Number	
Forms Reviewer	"File" or "Do not key"	"File" – do not log the form or enter data into AMS. "Do not key" – log the form, but do not enter any data into AMS.

Signature Requirements

This section provides guidance on the individual(s) who may act as an authorized signer of the Form 602.

Authorized Signer	Comments
Responsible officer of the entity/organization	
Attorney acting as an agent for the entity/organization	
CPA acting as an agent for the entity/organization	