Form 640 – Attachment Form:
Other Payments to Influence Legislative
or Administrative Action
Review Points – Form and AMS

FORM 640 – ATTACHMENT FORM: OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION

1. General Information
2. Form 640
3. Data Elements
4. Filing Requirements
5. Written Notations
6. Signature Requirements

GENERAL INFORMATION:

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

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Attachment Form 640
(Attachment to Form 635 or Form 645)

CALIFORNIA FORM **640**

PAGE _____ OF _____ 2

1 NAME OF FILER: _____ PERIOD COVERED: _____ 3

For Use By: A lobbyist employer or a $5,000 filer. Refer to the instructions on the cover page before completing this attachment.

4 **Summary of Other Payments to Influence Legislative or Administrative Action:**

1. Total payments for overhead expenses related to lobbying activity. Report as a lump sum.	$ _____
2. Total payments to Lobbying Coalitions. Report as a lump sum. (Form 630 must be attached)	$ _____
3. Total payments of less than $250 or $2,500, as applicable, during the calendar quarter for lobbying activity (excluding overhead). Report as a lump sum.	$ _____
4. Total payments of $250 or more or $2,500 or more, as applicable, during the calendar quarter for lobbying activity (excluding overhead). Itemize payments below.	$ _____
5. Grand total of "Other Payments to Influence Legislative or Administrative Action." Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645.	$ _____

Government agencies must itemize payments of $250 or more, and all other lobbyist employers and $5,000 filers must itemize payments of $2,500 or more, made during the quarter for lobbying activity. Provide the payment code, name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the current calendar year.

State and local government agencies also must itemize dues or similar payments of $250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or $15,000 or more in a calendar quarter to influence legislative or administrative action. Government agencies must use the payment code [O] for these items.

Payment Code, Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1
	$	$
	$	$
	$	$
Subtotal of all payments itemized above	$	

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

Form 640 – Attachment Form: Other Payments to Influence Legislative or Administrative Action Review Points – Form and AMS

Attachment Form 640
(Continuation Sheet)

CALIFORNIA FORM **640**

2

PAGE _____ OF _____

1

NAME OF FILER: _____ PERIOD COVERED: _____

3

4

Payment Code, Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 of the Current Calendar Year
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
Subtotal of all payments itemized above	$	

Form 640 – Attachment Form: Other Payments to Influence Legislative or Administrative Action Review Points – Form and AMS

DATA ELEMENTS

This section provides guidance for reviewing the Form 640, 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	Name of Filer	Yes			Filer: Name
2	Page __ of __	No			No field available to enter this data.
3	Period Covered ___ to ___/ Cumulative Period Beginning	Yes			Filer: Logging Form
4	Summary of Other Payments to Influence Legislative or Administrative Action	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		

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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 640.

Authorized Signer	Comments
None	No signature required for this form