FORM 603 – LOBBYIST/EMPLOYER/COALITION REGISTRATION STATEMENT

1. General Information
2. Form 603
3. Form 603 – Data Elements
4. Filing Requirements Checklist
5. Form 603 – Written Notations
6. Form 603 – 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.

Form 603 – Lobbyist Employer/Coalition Registration Statement Review Points – Form and AMS

Check the applicable box:

3 ☐ Lobbyist Employer Registration Statement
☐ Lobbying Coalition Registration Statement 1
(Government Code Section 86105)

Type or Print in Ink 2

Legislative Session
(Insert Years)
Page _____ of _____

CALIFORNIA FORM 603
FAIR POLITICAL PRACTICES COMM.
For Official Use Only

4 NAME OF LOBBYIST EMPLOYER OR LOBBYING COALITION:

If this is an initial registration, enter the DATE QUALIFIED: 7

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

TELEPHONE NUMBER: ( ) 8

FAX NUMBER: (Optional) ( ) 9

6 MAILING ADDRESS: (If different than above)

E-MAIL: 10

I Lobbyists and Lobbying Firms Employed

- List the full name of each in-house lobbyist employed and each lobbying firm with which you contract.

11 In-House Employee Lobbyists: | Lobbying Firms: 12

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

13 II List Below the State Agencies Whose Actions you Will Attempt to Influence

- Will you attempt to influence the State Legislature? ☐ Yes ☐ No 14

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

III Description of Lobbying Interests

15 - For assistance, see the instructions on the back of this form or the "Information Manual on Lobbying Disclosure Provisions of the Political Reform Act."

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.

16 Executed On _____ (DATE) By _____ (SIGNATURE OF RESPONSIBLE OFFICER) 17

18 Name of Responsible Officer _____ (TYPE OR PRINT) Title _____ 19

FPPC Form 603 (10/14)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

Form 603 – Lobbyist Employer/Coalition Registration Statement Review Points – Form and AMS

Lobbyist Employer/Lobbying Coalition Registration Statement

CALIFORNIA FORM **603**
FAIR POLITICAL PRACTICES COMM.

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

4 NAME OF LOBBYIST EMPLOYER OR LOBBYING COALITION:

Page _____ of _____ 2

Nature and Interests of Filer

Check *one* box only:

20 ☐ 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

21 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: 22

B. Business Entity

23 Description of business activity in which engaged:

C. Industry, Trade or Professional Association

24 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 exclusively or primarily represents: 25

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

26 ☐ 50 OR LESS (provide names of all members on an attachment.) ☐ MORE THAN 50

D. Other

27 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: 28

E. Industry Group Classification

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

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

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

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

Clear Form Print Form

FPPC Form 603 (10/14)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

FORM 603 – LOBBYIST/EMPLOYER/COALITION REGISTRATION STATEMENT

This section provides guidance for reviewing the Form 603, 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 Action needed

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				N/A
3	Lobbyist/Employer Registration Statement/Lobbying Coalition Registration Statement checkboxes	No			N/A	Add New Filer/Filer: Attribute
4	Name of Lobbyist Employer or Lobbying Coalition	Yes	Must conform to naming convention	PC/OC/EL	?	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	Date Qualfied	No				No field available to enter this data.
8	Telephone Number	Yes	May be found on Form 604 or prior AMS session record	OC/EL	Yes	Add New Filer/Filer: Address
9	Fax Number	No				Add New Filer/Filer: Address
10	Email	Yes	This is not enforceable for this Form.	PC/OC/EL	Yes	Add New Filer/Filer: Address

Form 603 – Lobbyist Employer/Coalition Registration Statement
Review Points – Form and AMS

No.	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	Enter Data and Suspend?	AMS Data Entry
11	I. Lobbyists and Lobbying Firms Employed: In-House Employee Lobbyists	Yes	Form 604 must be attached. OK if Form 604 is attached and this section is not completed.	PC/OC/EL	Yes	Add New Filer/Filer: Name – link record
12	I. Lobbyists and Lobbying Firms Employed: Lobbying Firms	Yes: if contracting with Lobbying Firm	No attachment is needed	PC/OC/EL	Yes	Add New Filer/Filer: Name – link record
13	II. List Below the State Agencies Whose Actions you Will Attempt to Influence	Yes	OK to list acronyms if known (i.e. DMV, FTB, DOJ) and all state agencies. Write or call if unknown acronyms or "state agencies" is listed. Placement Agents – CalPERS, CalSTRS, UC Regents, CA Savings Plus. If State and Local Agencies do not write up Local Agencies.	PC/OC/EL	Yes	No field available to enter this data.
14	II. Will you attempt to influence the State Legislature? checkbox	Yes	One box MUST be checked	PC/OC/EL	Yes	No field available to enter this data.
15	III. Description of Lobbying Interests	Yes		PC/OC/EL	Yes	Add New Filer/Filer: Interests
16	Verification: Execution date	Yes		PC/OC/EL	Yes	No field available to enter this data.
17	Verification: Executed by (signature)	Yes	"Wet" signature required.	SB	No - Do not enter the Registration AMS.	No field available to enter this data.
18	Verification: Name of Responsible Officer	Yes		PC/OC/EL	Yes	No field available to enter this data.
19	Verification: Title of Responsible Offier	Yes		PC/OC/EL	Yes	No field available to enter this data.

Form 603 – Lobbyist Employer/Coalition Registration Statement
Review Points – Form and AMS

No.	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	Enter Data and Suspend?	AMS Data Entry
20	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.
21	A. Individual: Name and address of employer	Yes: if box for INDIVIDUAL is checked		PC/OC/EL	Yes	Add New Filer/Filer: Name Add New Filer/Filer: Address
22	A. Individual: Description of business activity in which you or your employer are engaged.	No			N/A	No field available to enter this data.
23	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.
24	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.
25	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.

Form 603 – Lobbyist Employer/Coalition Registration Statement
Review Points – Form and AMS

No.	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	Enter Data and Suspend?	AMS Data Entry
26	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.
27	D. Other: Statement of nature and purposes.	Yes: if OTHER is checked		PC/OC/EL	Yes	No field available to enter this data.
28	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.
29	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 604	Required	When completed by a lobbyist employer, including an individual contract lobbyist, that only contracts with a lobbying firm (does not complete Form 603) , OR completed by a registered lobbyist employer that employs an in-house lobbyist.

Form 603 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	R – packet is complete E – packet is incomplete/letter sent	
Forms Reviewer	Initials	

Form 603 Signature Requirements

This section provides guidance on the individual(s) who may act as an authorized signer of the Form 603.

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	If amending the record to change the responsible officer, then the new responsible officer will sign the amended and all future Form 603's.