FORM 635 – REPORT OF LOBBYING FIRM

1. General Information
2. Form 635
3. Data Elements
4. Filing Requirements
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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. The form is not official until it's signed. Do not code the form into AMS if the signature is missing.
5. If the form was filed late, place it on the Late shelf near the Fine Desk after it is coded.
6. Any questions regarding processes should be directed to a PRD supervisor.

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☐ **REPORT OF LOBBYIST EMPLOYER**
(Government Code Section 86116)
or
☐ **REPORT OF LOBBYING COALITION**
(2 Cal. Code of Regs. Section 18616.4)

IMPORTANT: Lobbying Coalitions must attach a completed Form 635-C to this Report.

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FOR OFFICIAL USE ONLY

A

B

2

REPORT COVERS PERIOD FROM _____ THROUGH _____

CUMULATIVE PERIOD BEGINNING _____

TYPE OR PRINT IN INK

4 a-c

NAME OF FILER:

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

TELEPHONE NUMBER: ( )

5

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.

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SUMMARY OF PAYMENTS THIS PERIOD

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1) ..... $ _____

B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) ..... $ _____

C. Total Activity Expenses (Part III, Section C) ..... $ _____

D. Total Other Payments to Influence (Part III, Section D) ..... $ _____

GRAND TOTAL (A + B + C + D above) ..... $ _____

E. Total Payments in Connection with PUC Activities (Part III, Section E) ..... $ _____

F. Campaign Contributions: ☐ Part IV completed and attached ☐ No campaign contributions made this period

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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.

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

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

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4a NAME OF FILER: _____ PERIOD COVERED: _____ 2

8 **PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

Name and Title	Name and Title

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

9 **PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES**

A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)	(1) Amount This Period	(2) Cumulative Total To Date
	$	$

B. PAYMENTS TO LOBBYING FIRMS (Including Individual Contract Lobbyists)

Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date
☐ If more space is needed, check box and attach continuation sheets.			TOTAL THIS PERIOD (Column 4) Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.	$	

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NAME OF FILER: _____ PERIOD COVERED: _____

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

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D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION

1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.) $ _____

2. OTHER PAYMENTS (NOTE: You must attach a completed Form 640 to this Report.) $ _____

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

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E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.) $

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NAME OF FILER: _____ PERIOD COVERED: _____

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PART IV - 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.

DATA ELEMENTS

This section provides guidance for reviewing the Form 635, 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	Checkbox – Report of Lobbyist Employer/ Report of Lobbying Coalition	Yes			Filer: Logging Form
2	Report Covers Period From _ to __/ Cumulative Period Beginning	Yes			Filer: Logging Form
3	Page _ of _	No			No field available to enter this data.
4a	Name of Filer	Yes			Filer: Name
4b	Business Address	Yes			Filer: Address
4c	Telephone Number	Yes			Filer: Telephone Number
5	Part I Legislative or State Agency Administrative Actions activity lobbied during the period	Yes			No field available to enter this data.
6	Summary of Payments this Period	Yes			No field available to enter this data.
7a	Verification – Executed on (Date)	Yes			No field available to enter this data.
7b	At (City and State)	Yes			No field available to enter this data.
7c	By (Signature of Employer or Responsible Officer)	Yes		SB if signature missing; EL if other signature issue	No field available to enter this data.
7d	Name of Employer or Responsible Officer	Yes			No field available to enter this data.
7e	Title	Yes			No field available to enter this data.
8	Part II – Partners, Owners and Employees Whose "Lobbyist Reports" (Form 615) are attached to this Report	Yes			No field available to enter this data.
9	Part III – Payments made in connection with Lobbying Activities	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 635-C	Yes, if Lobbying Coalition	

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 635.

Authorized Signer	Comments
Employer or Responsible Officer	