FORM 625 – REPORT OF LOBBYING FIRM

1. General Information
2. Form 625
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. 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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Review Points – Form and AMS

REPORT OF LOBBYING FIRM
(Government Code Section 86114)

FORM 625
1990

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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.

2 a-e

NAME OF LOBBYING FIRM:

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

TELEPHONE NUMBER: ( )

MAILING ADDRESS: (If different than above)

3

PART I - (Read the instructions on the reverse before completing this section. Then, check one of the boxes below and complete Part I.)

☐ PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT OR

☐ PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHO ENGAGED IN DIRECT COMMUNICATION ON AT LEAST FIVE SEPARATE OCCASIONS DURING THE PERIOD

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

SUMMARY OF PAYMENTS THIS PERIOD

4

A. GRAND TOTAL PAYMENTS RECEIVED: $ _____
(From Subtotals in Part II)

B. TOTAL ACTIVITY EXPENSES: $ _____
(From Part III, Section A, 3)

C. TOTAL PAYMENTS TO OTHER LOBBYING FIRMS: $ _____
(From Part III, Section B)

D. GRAND TOTAL PAYMENTS MADE: $ _____
(B + C, above)

E. CAMPAIGN CONTRIBUTIONS MADE:
☐ None This Period ☐ Part IV Completed and Attached

F. IS THE FIRM A MEMBER OF A LOBBYING COALITION?
☐ No ☐ Yes (Complete and attach Form 630)

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 Responsible Officer)

Name of Responsible Officer (Type or Print) | Title

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NAME OF LOBBYING FIRM: _____

PERIOD COVERED: _____

1

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PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See instructions on reverse.)

Employer's Name, Address and Telephone Number				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.)				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
$	$	$	$	$

Employer's Name, Address and Telephone Number				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.)				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
$	$	$	$	$

Employer's Name, Address and Telephone Number				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.)				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
$	$	$	$	$

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

SUBTOTAL $

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2a NAME OF LOBBYING FIRM: _____ PERIOD COVERED: _____ 1

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

SECTION A: ACTIVITY EXPENSES (See instructions on reverse.)

1. ACTIVITY EXPENSES ARRANGED, INCURRED, OR PAID BY THE LOBBYING FIRM (OTHER THAN THOSE PAID OR INCURRED BY A LOBBYIST)

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.1. (Include all subtotals from Continuation Sheets) $

8 2. TOTAL ACTIVITY EXPENSES PAID, INCURRED, OR ARRANGED BY ALL LOBBYISTS EMPLOYED BY THE LOBBYING FIRM WHICH HAVE BEEN OR WILL BE REIMBURSED OR PAID BY THE FIRM. $

9 3. TOTAL ACTIVITY EXPENSES (Section A, Parts 1 + 2) $

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NAME OF LOBBYING FIRM: _____

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PART III - PAYMENTS MADE (Continued)

SECTION B: PAYMENTS MADE TO OTHER LOBBYING FIRMS

Name, Address and Telephone Number of Firm Contracted With	Name of Employer or Client for Whom Subcontractor was Retained to Lobby	Amount This Period	Cumulative Total to Date
		$	$
☐ If more space is needed, check box and attach continuation sheets.	TOTAL PAYMENTS (Include all subtotals from continuation sheets)	$	

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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.

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2a NAME OF LOBBYING FIRM: _____ PERIOD COVERED: _____ 1

10 **PART III - PAYMENTS MADE** (Continued)

SECTION B: PAYMENTS MADE TO OTHER LOBBYING FIRMS (Continued)

Name, Address and Telephone Number of Firm Contracted With	Name of Employer or Client for Whom Subcontractor was Retained to Lobby	Amount This Period	Cumulative Total to Date
		$	$
☐ If more space is needed, check box and attach continuation sheets.	SUBTOTAL	$	

11 **PART IV - CONTRIBUTIONS MADE** (Continued)

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

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

Clear Form Print Form

DATA ELEMENTS

This section provides guidance for reviewing the Form 625, 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	Report Covers Period From _ to __	Yes			Filer: Logging Form
2a	Name of Lobbying Firm	Yes			Filer: Name
2b	Business Address	Yes	P.O. Box number is not allowed		Filer: Address
2c	Telephone Number	Yes			Filer: Telephone Number
2d	Business Address (if different than above)	Yes, if applicable			Filer: Address
3a	Part I – checkboxes	Yes			Filer: Attribute
3b	Name/Title of Individuals	Yes	Name/Title must correspond with the selected checkbox		Filer: Name
4	Summary of Payments this Period	Yes			No field available to enter this data.
5a	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 Responsible Officer)	Yes		Sendback if signature is missing EL if other signature issue	No field available to enter this data.
5d	Name of Responsible Officer	Yes			No field available to enter this data.
5e	Name of Responsible Officer	Yes			No field available to enter this data.
6	Part II – Payments Received in Connection with Lobbying Activity	Yes			No field available to enter this data.
7	Part III – Payments Made in Connection with Lobbying Activities: Section A: Activity Expenses	Yes			No field available to enter this data.
8	Total Activity Expenses Paid, Incurred or arranged by all lobbyists employed by the Lobbying Firm which have been or will be reimbursed or paid by the firm	Yes			No field available to enter this data.

No.	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
9	Total Activity Expenses	Yes	Totals must be mathematically correct.		No field available to enter this data.
10	Part III – Payments Made in Connection with Lobbying Activities: Section B: Payments Made to other Lobbying Firms	Yes			No field available to enter this data.
11	Part IV – 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	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; 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 625.

Authorized Signer	Comments
Responsible Officer	