FORM 615 – LOBBYIST REPORT

1. General Information
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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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Review Points – Form and AMS

LOBBYIST REPORT
(Government Code Section 86113)

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1

FORM 615
1990

REPORT COVERS PERIOD FROM_____ THROUGH_____

IMPORTANT: This report is to be completed by the lobbyist and attached to the Report of Lobbying Firm (Form 625) or Report of Lobbyist Employer/Report of Lobbying Coalition (Form 635), whichever is applicable.

FOR OFFICIAL USE ONLY

TYPE OR PRINT IN INK

A

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.

B

3 a-e

NAME: (Last) (First) (M.I.)

NAME OF FIRM, EMPLOYER, OR COALITION:

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

TELEPHONE NUMBER: ( )

MAILING ADDRESS: (If different than above)

PART I - ACTIVITY EXPENSES PAID, INCURRED, ARRANGED OR PROVIDED BY THE LOBBYIST (See definitions and instructions on reverse.)

4 a-f

☐ I have reviewed the form and instructions for reporting Activity Expenses and I have nothing to report.

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

5

PART II - CAMPAIGN CONTRIBUTIONS MADE OR DELIVERED (See instructions on reverse.)
I have reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:

☐ Part II has been completed and is attached. ☐ I have nothing to report.

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.

C

D

E

F

EXECUTED ON (DATE)	AT (CITY AND STATE)	BY (SIGNATURE OF LOBBYIST)

6 a-c

CONTINUATION SHEET FOR PAGE 1
ACTIVITY EXPENSES

PAGE _____ OF _____

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LOBBYIST REPORT (FORM 615)

3a

NAME OF LOBBYIST: _____ PERIOD COVERED: _____

1

PART I - ACTIVITY EXPENSES (Continued)

4 a-f

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

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PAGE _____ OF _____

3a

NAME OF LOBBYIST: _____

PERIOD COVERED: _____

1

PART II - CAMPAIGN CONTRIBUTIONS MADE OR DELIVERED

Disclose all monetary and non-monetary campaign contributions of $100 or more made from your personal funds during the quarter, or from a separate account under your control, to state candidates, elected state officers, their controlled committees, or committees primarily formed to support such officers or candidates, or delivered in person by you to state candidates or elected state officers.

7 a-e

Date	Name of Contributor (If other than Lobbyist)	Name of Separate Account (If applicable)	Name of Recipient (If Committee, also enter I.D. Number)	Amount
				$

NOTE: Disclosure in this report does not relieve a filer of any obligation to file campaign disclosure statements required by Gov. Code Section 84200, et seq.

Clear Form Print Form

DATA ELEMENTS

This section provides guidance for reviewing the Form 615, 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
2	Page _ of _	No			No field available to enter this data.
3a	Name (Last, First, MI)	Yes			Filer: Name
3b	Name of Firm, Employer or Coalition	Yes			Filer: Name; Filer: Links
3c	Business Address	Yes	P.O. Box is not allowed		Filer: Address
3d	Telephone Number	Yes			Filer: Telephone Number
3e	Mailing Address (if different than above)	Yes, if applicable	P.O. Box is allowed		Filer: Address
4a	"I have reviewed the form and instructions for reporting Activity Expenses and I have nothing to report." Checkbox	Conditional	Yes, if applicable; either 4a or 4b-f must be completed		No field available to enter this data.
4b	Date	Conditional	Yes, if applicable; either 4a or 4b-f must be completed		No field available to enter this data.
4c	Name and Address of Payee	Conditional	Yes, if applicable; either 4a or 4b-f must be completed		No field available to enter this data.
4d	Name and Official Position of Reportable Persons and Amount Benefitting Each	Conditional	Yes, if applicable; either 4a or 4b-f must be completed		No field available to enter this data.
4e	Description of Consideration	Conditional	Yes, if applicable; either 4a or 4b-f must be completed		No field available to enter this data.
4f	Total Amount of Activity	Conditional	Yes, if applicable; either 4a or 4b-f must be completed		No field available to enter this data.
5	Part II – Campaign Contributions Made or Delivered checkboxes: • Part II has been completed and is attached • I have nothing to report	Yes			No field available to enter this data.

No.	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
6a	Verification – Execution Date	Yes			No field available to enter this data.
6b	Verification – At City and State	Yes			No field available to enter this data.
6c	By (Signature of Lobbyist)	Yes		SB if signature missing EL if other signature issue	No field available to enter this data.
7a	Date	Yes			No field available to enter this data.
7b	Name of Contributor (If other than Lobbyist)	Yes			No field available to enter this data.
7c	Name of Separate Account (if applicable)	Conditional	Yes, if applicable		No field available to enter this data.
7d	Name of Recipient (if Committee, also enter ID number)	Yes			No field available to enter this data.
7e	Amount	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 615.

Authorized Signer	Comments
Lobbyist	