

1990

**FORM 615**  
**LOBBYIST REPORT**

Every lobbyist must complete the "Lobbyist Report" (Form 615) for each calendar quarter, regardless of the level of activity of the lobbyist, and whether or not the lobbyist has made any payments during the quarter. Note: An individual contract lobbyist also must file reports as a lobbying firm.

If you are registered as a lobbying firm, or are a partner, owner, or employee of a lobbying firm, your completed Form 615 must be attached to the firm's quarterly report (Form 625). If you are an in-house employee lobbyist who is not registered as a lobbying firm, your completed Form 615 must be attached to your employer's quarterly report (Form 635).

The periods covered and the filing deadlines for the "Lobbyist Report" are as follows:

<b>PERIOD COVERED</b>	<b>FILING DEADLINE</b>
January, February, and March	April 30
April, May, and June	July 31
July, August, and September	October 31
October, November, and December	January 31

If a report is sent by first class mail, it is considered received on the date of postmark. Filing deadlines which fall on a Saturday, Sunday, or official state holiday are extended to the next regular business day.

**IMPORTANT:** Except as noted above, there are no provisions in the Political Reform Act for extensions of the filing deadlines. A person who files after the deadline is liable for a fine of \$10 per day until the report is filed.

Instructions for completing the report are on the back of page 1.

File an original and one copy of this form with:

Secretary of State  
Political Reform Division  
1500 11th Street  
P.O. Box 1467  
Sacramento, CA 95812-1467

*REFER TO THE INFORMATION MANUAL ON LOBBYING DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT FOR FURTHER INFORMATION. FOR ASSISTANCE, CALL 916/322-5660.*

**LOBBYIST REPORT**  
**(Government Code Section 86113)**

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**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.

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.*

**FOR OFFICIAL USE ONLY**

**A**

**B**

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.)

☐ 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

**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)

**LOBBYIST REPORT (FORM 615)**  
**INSTRUCTIONS FOR COMPLETING PAGE 1**

**NAME OF FIRM, EMPLOYER OR COALITION:** If you are registered as a lobbying firm, or you are a partner, owner, or employee of a lobbying firm, provide the name of the firm as contained on the firm's registration statement (Form 601). If you are an in-house employee lobbyist, enter the name of your employer as contained on the employer's registration statement (Form 603).

**PERIOD COVERED BY REPORT:** The period covered is the calendar quarter. (See the cover sheet of this form for period covered.)

**PART I -- ACTIVITY EXPENSES:** An "activity expense" is any expense incurred or payment made which benefits in whole or in part any elective state official, legislative official, agency official, state candidate, or a member of the immediate family of one of these individuals. Activity expenses include gifts, honoraria, consulting fees, salaries, and any other form of compensation but do not include campaign contributions.

An "agency official" is any official of a state agency whose administrative actions you have attempted or are attempting to influence.

You must itemize all "activity expenses" arranged, incurred or paid by you, and you must report activity expenses during the period in which they occurred regardless of whether they were actually paid during the period. **IMPORTANT:** See the Information Manual on Lobbying Disclosure Provisions of the Political Reform Act for discussion and examples of "arranging" a gift.

- If you have not paid, incurred, or arranged any activity expenses during the period, check the box to indicate that you have nothing to report.
- If you have paid, incurred, or arranged any activity expenses:

*Date:* Enter the date the expense was incurred or the event occurred.

*Name and Address of Payee:* List the name and address of the vendor or other person to whom payment was made or incurred. If charged on a credit card, you must list the name of the credit card company and also the name of the vendor which received the payment.

*Name and Official Position of Reportable Persons and Amount Benefiting Each:* List the name and official position, if any, of each reportable person who benefited from the payment. Also list the portion of the total activity expense which is attributable to each reportable person. Note: You are not required to list in this section yourself or any other person who benefited who is not a reportable person. You must, however, maintain in your records the total number of persons who benefited.

*Description of Consideration:* Describe the goods or services received by the reportable person(s), e.g., lunch, drinks, flowers, etc.

*Total Amount of Activity:* Enter the total amount paid, arranged, or incurred for the activity, not just the amount which benefited reportable persons. Regardless of the number of beneficiaries listed for a single payment, enter the payment in the "Total Amount of Activity" column only once.

**PART II -- CAMPAIGN CONTRIBUTIONS MADE OR DELIVERED:** Check the applicable box and, if you have made any campaign contributions of \$100 or more to state candidates, elected state officers, their controlled committees, or committees primarily formed to support such an officer or candidate, or personally delivered any contributions of \$100 or more to state candidates or elected state officers, complete and attach Part II.

*REFER TO THE INFORMATION MANUAL ON LOBBYING DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT FOR FURTHER INFORMATION. FOR ASSISTANCE, CALL 916/322-5660.*

**CONTINUATION SHEET FOR PAGE 1**  
**ACTIVITY EXPENSES**

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**LOBBYIST REPORT (FORM 615)**

NAME OF LOBBYIST: \_\_\_\_\_ PERIOD COVERED: \_\_\_\_\_

<b>PART I - ACTIVITY EXPENSES</b> (Continued)					
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

NAME OF LOBBYIST: \_\_\_\_\_ PERIOD COVERED: \_\_\_\_\_

**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.

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.