

Lobbying Firm Activity Authorization

Filing Requirements:

A Form 602 (Lobbying Firm Activity Authorization) must be completed and verified by each person who employs or contracts with a lobbying firm.

The Form 602 must be ~~attached to~~ filed at the same time as the lobbying firm's Form 601 (Registration Statement) or, when adding a new client or employer to the firm's existing registration, to Form 605 (Amendment to Registration).

The person who employs the lobbying firm must date and sign the verification. In the case of a business entity or organization, the verification must be signed by a responsible officer of the entity or organization or by an attorney or a certified public accountant who acts as an agent for the entity or organization.

Lobbying Firms that Subcontract a Client:

A lobbying firm that subcontracts to provide lobbying services to clients of another lobbying firm must identify the subcontracting lobbying firm and the client(s) on whose behalf it will lobby. A Form 602 signed by a representative of the subcontracting lobbying firm must be included with the contracted firm's registration. The subcontracted client is not required to file a Form 602. In addition, it is not necessary to complete the Nature and Interests section for subcontract clients.

Additional Information

Refer to the *Lobbying Disclosure Information Manual* for additional information and information required to be provided to you pursuant to the Information Practices Act of 1977.

**Lobbying Firm
Activity Authorization**

(Government Code Section 86104)

Check *one* box, if applicable

Lobbyist Employer
(Gov. Code Section 82039.5)

Lobbying Coalition
(FPPC Regulation 18616.4)

Type or Print in Ink

Legislative Session	CALIFORNIA FORM 602 FAIR POLITICAL PRACTICES COMM. For Official Use Only
_____ (Insert Years) _____	
Page _____ of _____	

NAME OF FILER: _____	ELECTIVE DATE: _____
BUSINESS ADDRESS: (Number and Street) _____ (City) _____ (State) _____ (Zip Code) _____	TELEPHONE NUMBER: _____ () _____
MAILING ADDRESS: (If different than above.) _____	FAX NUMBER: (Optional) _____ () _____
	E-MAIL: (Optional) _____

I hereby authorize _____ (Name of Lobbying Firm)

_____ (Business Address)

to engage in the activities of a lobbying firm (as defined in California Government Code Section 82038.5 and 2 Cal. Code of Regs. Section 18238.5) on behalf of the above named employer.

If you are authorizing another lobbying firm to lobby on behalf of your firm's client(s), provide the name(s) of the client(s) below. (It is not necessary to complete the Nature and Interests section.)

NAME OF SUBCONTRACTED CLIENT: _____	NAME OF SUBCONTRACTED CLIENT: _____
NAME OF SUBCONTRACTED CLIENT: _____	NAME OF SUBCONTRACTED CLIENT: _____

If more space is needed, check box and use continuation sheets at the end of the form.

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 in it 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

By _____ SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer _____ PRINT OR TYPE

Title _____

Lobbying Firm Activity Authorization

SEE INSTRUCTIONS ON REVERSE

Type or Print in Ink

NAME OF FILER:

Page _____ of _____

Nature and Interests of Lobbyist Employer

Check *one* box only:

- 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

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:

B. Business Entity

Description of business activity in which engaged:

C. Industry, Trade or Professional Association

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:

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

- 50 OR LESS (provide names of all members on attachment continuation sheet.) MORE THAN 50

D. Other

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:

E. Industry Group Classification

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

- | | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> AGRICULTURE | <input type="checkbox"/> LEGAL | <input type="checkbox"/> ENTERTAINMENT/RECREATION | <input type="checkbox"/> OIL AND GAS |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> PUBLIC EMPLOYEES | <input type="checkbox"/> FINANCE/INSURANCE | <input type="checkbox"/> PROFESSIONAL/TRADE |
| <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> POLITICAL ORGANIZATIONS | <input type="checkbox"/> LODGING/RESTAURANTS | <input type="checkbox"/> REAL ESTATE |
| <input type="checkbox"/> HEALTH | <input type="checkbox"/> UTILITIES | <input type="checkbox"/> MANUFACTURING/INDUSTRIAL | <input type="checkbox"/> TRANSPORTATION |
| <input type="checkbox"/> LABOR UNIONS | <input type="checkbox"/> OTHER: _____
(Describe in detail) | <input type="checkbox"/> MERCHANDISE/RETAIL | <input type="checkbox"/> OTHER: _____
(Specific Description) |

Instructions for Nature and Interests of Lobbyist Employer

Nature and Interests of Lobbyist Employer:

Check the box that indicates whether you are an individual, a business entity, an industry, trade or professional association, or some other type of entity, such as a lobbying coalition, a religious organization, a political or public interest organization, or a recreational club. Complete Part A, B, C, or D, whichever is applicable, and then complete Part E.

Industry Group Classification

All filers must complete Section E. Check one box that most accurately describes the industry group you represent. Industry, trade, or professional associations should check the box that most accurately describes the industry group of its members (e.g., an association of hospitals would be classified as “Health,” and an association of mortgage banking entities would be classified as “Business-Finance/Insurance”). Following are some additional examples:

- *Agriculture:* Includes growers, ranches, vineyards, flower growers, fertilizer manufacturers, etc.
- *Education:* Includes educators, private and public schools, and education unions.
- *Government:* Includes cities, counties, and all other publicly funded agencies.
- *Health:* Includes physicians, dentists, optometrists, chiropractors, nurses, etc., as well as ambulance companies, convalescent homes, pharmacists, pharmaceutical manufacturers, therapists, hospitals, etc.
- *Labor Unions:* Does not include public employee and education unions.
- *Legal:* Includes attorneys and attorney associations, except those representing public employee attorneys.
- *Political Organizations:* Includes political committees and clubs.

- *Public Employees:* Includes all public employee associations, organizations, and unions (except education unions), including district attorneys, public defenders, firefighters, judges, police, sheriffs, etc.
- *Utilities:* Includes telephone, power, and water companies.
- *Other:* Describe. (After reviewing your description, the Secretary of State may place you in one of the classifications described above or assign you to the miscellaneous category in the Directory of Lobbyists, Lobbying Firms and Lobbyist Employers.)

The category “Business” has been divided into several subcategories, including:

Entertainment/Recreation: Includes baseball, football teams and country clubs, casinos, horse breeders, race tracks, music companies, and theaters. Does not include hobby or recreational clubs which are not business-related.

Finance/Insurance: Includes health insurance companies, collection agencies, credit services, mortgage bankers, title companies, etc.

Lodging/Restaurants: Includes bars, hotels, night clubs, resorts, etc.

Manufacturing/Industrial: Includes beverage manufacturers, canneries, cement companies, chemical laboratories, timber companies, wineries, etc.

Merchandise/Retail: Includes beverage distributors, coin dealers, florists, home furnishing stores, pharmacies, etc.

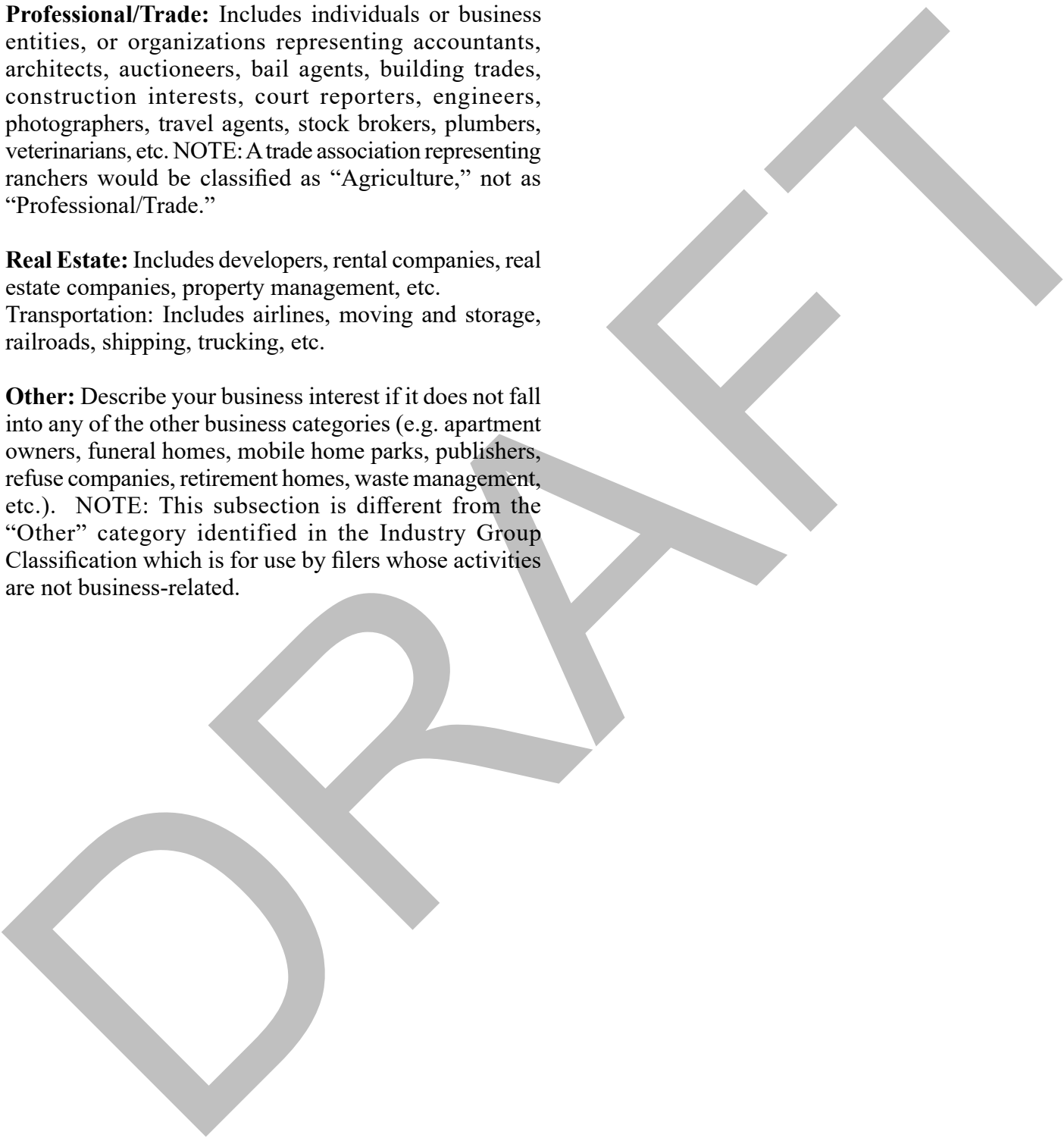
Oil and Gas: Includes drilling contractors, exploration companies, gas and oil companies, etc.

**Instructions for
Nature and
Interests of Lobbyist Employer**

Professional/Trade: Includes individuals or business entities, or organizations representing accountants, architects, auctioneers, bail agents, building trades, construction interests, court reporters, engineers, photographers, travel agents, stock brokers, plumbers, veterinarians, etc. NOTE: A trade association representing ranchers would be classified as “Agriculture,” not as “Professional/Trade.”

Real Estate: Includes developers, rental companies, real estate companies, property management, etc.
Transportation: Includes airlines, moving and storage, railroads, shipping, trucking, etc.

Other: Describe your business interest if it does not fall into any of the other business categories (e.g. apartment owners, funeral homes, mobile home parks, publishers, refuse companies, retirement homes, waste management, etc.). NOTE: This subsection is different from the “Other” category identified in the Industry Group Classification which is for use by filers whose activities are not business-related.



**CONTINUATION SHEET
FOR SUBCONTRACTED CLIENTS**

PAGE _____ OF _____

**LOBBYING FIRM ACTIVITY AUTHORIZATION
(FORM 602)**

NAME OF FILER: _____

**If you are authorizing another lobbying firm to lobby on behalf of your firm's client(s), provide the name(s) of the client(s) below.
(It is not necessary to complete the Nature and Interests section.)**

NAME OF SUBCONTRACTED CLIENT:

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If more space is needed, check box and use additional continuation sheets.

