

2019 2021

FORM 625
REPORT OF LOBBYING FIRM

The "Report of Lobbying Firm" (Form 625) must be completed by registered lobbying firms for each calendar quarter, regardless of the level of activity of the firm, and whether or not the firm has received or made any payments during the quarter. REMINDER: An individual contract lobbyist is a lobbying firm.

The firm must ~~attach to~~ file at the same time as the Form 625, a "Lobbyist Report" (Form 615), completed by each partner, owner, officer, or employee of the firm who qualifies as a lobbyist unless that individual is separately registered as a lobbying firm.

If the firm makes payments to a lobbying coalition (see the 1990 "Information Manual on Lobbying Disclosure Information Manual Provisions" for definition), the firm also must also ~~attach to~~ file a completed Form 630 (Payments Made to Lobbying Coalitions) when filing to the quarterly report (Form 625).

~~An original and one copy of~~ The Form 625 must be filed online or electronically with the Secretary of State (www.sos.ca.gov).

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

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

PERIOD COVERED	FILING DEADLINE
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 extension of the filing deadlines. A person who files after a 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 EACH PAGE.

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

REPORT OF LOBBYING FIRM
(Government Code Section 86114)

FORM 625

2019 2021

REPORT COVERS PERIOD FROM THROUGH
CUMULATIVE PERIOD BEGINNING

TYPE OR PRINT
IN INK

Amendment (Explain here.)

FOR OFFICIAL USE ONLY

A

B

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 Lobbying Disclosure Information Manual.

NAME OF LOBBYING FIRM:

EMAIL ADDRESS:

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

TELEPHONE NUMBER:

MAILING ADDRESS: (If different than above)

PART I - (Read the instructions on the next page 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 FILED WITH 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 use continuation sheet at the end of the form.

SUMMARY OF PAYMENTS THIS PERIOD

A. GRAND TOTAL PAYMENTS RECEIVED: \$
B. TOTAL ACTIVITY EXPENSES: \$
C. TOTAL PAYMENTS TO OTHER LOBBYING FIRMS: \$
D. GRAND TOTAL PAYMENT MADE: \$

E. CAMPAIGN CONTRIBUTIONS MADE:
None This Period Part IV Completed and Attached Included
F. IS THE FIRM A MEMBER OF A LOBBYING COALITION?
No Yes (complete and attach file Form 630)

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the this Report and, to the best of my knowledge, the information contained herein and in the attached schedules 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) At (City and State) By (Signature of Responsible Officer)
Name of Responsible Officer (Type or Print) Title

FORM 625
INSTRUCTIONS FOR COMPLETING PAGE 1

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

CUMULATIVE PERIOD BEGINNING: The “cumulative period” begins with January 1 of the biennial legislative session; except for the first report a filer is required to file, in which case the cumulative period begins with the first day of the calendar quarter in which the filer qualified.

PART I -- PARTNERS, OWNERS, OFFICERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE FILED WITH ATTACHED TO THIS REPORT, OR WHO ENGAGED IN DIRECT COMMUNICATION DURING THE PERIOD:

- If an owner, partner, or employee of the lobbying firm qualifies as a “lobbyist,” you must **file attach** a “Lobbyist Report” (Form 615) completed by that individual, and you must list that individual’s name in Part I of the report. NOTE: This does not include lobbyists who are registered separately as lobbying firms or who are employed by lobbying firms with which you subcontract. If you have paid, incurred, or arranged any activity expenses:
- If no owner, partner, or employee of the lobbying firm qualifies as a “lobbyist,” you must provide the name and title of each partner, owner, officer, or employee of the lobbying firm who, on at least five separate occasions during the reporting period, engaged in direct communication with any elective state official, legislative official, or agency official for the purpose of influencing legislative or administrative action. This does not include employees whose actions were purely clerical. “Direct communication” means appearing as a witness before, talking to (either by telephone or in person), corresponding with, or answering questions or inquiries from a qualifying official either personally or through an agent who acts under one’s direct supervision, control, or direction.

SUMMARY OF PAYMENTS: Enter the total amounts received and paid this period from each section of the report.

CAMPAIGN CONTRIBUTIONS: Check the box to indicate whether the firm or a committee sponsored by the firm has made reportable campaign contributions.

MEMBERS OF LOBBYING COALITIONS: Check the box to indicate whether the firm is a member of a lobbying coalition. (See the Information Manual on Lobbying Disclosure Provisions of the Political Reform Act Lobbying Disclosure Information Manual for definitions.) If the firm is a member of a lobbying coalition, complete and **attach file** Form 630.

VERIFICATION: The report must be verified and signed by the person who is designated on the firm’s registration statement as the responsible officer of the firm.

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

NAME OF LOBBYING FIRM: _____

PERIOD COVERED: _____

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 provide 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 provide 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 provide explanation)	Total This Period	Cumulative Total to Date
\$	\$	\$	\$	\$

SUBTOTAL

\$

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

FORM 625
INSTRUCTIONS FOR COMPLETING PAGE 2

PART II -- PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY:

You must provide the name, address and telephone number of each person with whom the firm contracts, whether or not the firm received any payments from the person during the calendar quarter. If the firm received payments from another lobbying firm, list the other lobbying firm first, and then list the firm's clients on whose behalf you lobby. In addition, for each client you must report:

- The legislative bills and state agency administrative actions which the firm "actively" lobbied on behalf of that client. "Actively" lobbied means that a partner, owner, officer, or employee of the lobbying firm either engaged in direct communication, or was directed by that client to engage in direct communication, with a qualifying official for the purpose of influencing legislative or administrative action during the reporting period. (See the instructions on the back of page 1 for the definition of "direct communication.") Do not list bills or administrative actions which have died prior to the reporting period, or those which are only being watched or monitored, or those which the firm has not attempted to influence during the reporting period. You may either list the legislative bill numbers and administrative regulation numbers or provide a brief description of each legislative or administrative action actively lobbied during the quarter. When listing state administrative actions, provide the name of the state agency or department.
- The total amount of fees and retainers received during the period.
- Any payments received during the period which were reimbursements for the firm's expenses.
- Any advances or other payments received in connection with lobbying activities, such as an advance for expenses. An example of other payments received is the receipt of goods, services or facilities from a client. You must **attach provide** an explanation of any payment or other receipt reported in this section.
- The total amount received during the period. Also enter the total of all payments received during the period in the "Summary of Payments" section on Page 1, Line A.
- The cumulative amount received from each client or employer since January 1 of the biennial legislative session.

IMPORTANT: You must list each person on whose behalf you are registered to lobby. If you have not received a payment during the reporting period from a person on whose behalf you are registered to lobby, enter the person's name, address, telephone number and the legislative bills and administrative actions which the firm actively lobbied on behalf of that person, and enter zeros in the columns. However, if you have received any payments from that person during the calendar year, you must enter the "cumulative total to date."

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

NAME OF LOBBYING FIRM: _____ PERIOD COVERED: _____

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 use continuation sheet at the end of the form.

TOTAL SECTION A.1.

(Include all subtotals from Continuation Sheets)

\$

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. \$

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

FORM 625
INSTRUCTIONS FOR COMPLETING PAGE 3

PART III -- PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES:

SECTION A: ACTIVITY EXPENSES: An "activity expense" is any payment which benefits, in whole or in part, an elected state official, a legislative official, an agency official, a state candidate, or a member of the immediate family of such an official or candidate. Activity expenses include gifts, honoraria, consulting fees, salaries, and any other form of compensation, but do not include campaign contributions.

You must itemize all "activity expenses" arranged, incurred, or paid by the lobbying firm except those activity expenses which were paid or incurred by a lobbyist employed by the firm and which were merely reimbursed by or charged to an account paid by the firm, and you must report activity expenses during the period in which they occurred, regardless of whether they were actually paid during the period.

IMPORTANT: Lobbying firms are prohibited from making gifts of more than \$10 in a calendar month to public officials, or from acting as an intermediary in the making of any gift, or from arranging for the making of any gift by any other person. See the Information Manual on Lobbying Disclosure Provisions of the Political Reform Act Lobbying Disclosure Information Manual for discussion and examples of "arranging" a gift.

SECTION A-1: ACTIVITY EXPENSES PAID OR INCURRED BY THE LOBBYING FIRM (OTHER THAN THOSE PAID OR INCURRED BY A LOBBYIST): In this section, itemize all activity expenses which were paid, incurred, or arranged by the firm including those which have been or will be reimbursed by a person who contracts with the firm. (Do not include activity expenses which were paid or incurred by a lobbyist employed by the firm which were merely reimbursed by or charged to an account paid by the firm.)

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 amount of benefit which was received by 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.

SECTION A-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: Enter the lump sum amount of all activity expenses which were paid, incurred, or arranged during the period by all lobbyists who are partners, owners, officers, or employees of the lobbying firm which have been or will be reimbursed or paid by the lobbying firm. These activity expenses are itemized on the Lobbyist Report (Form 615). Do not include any activity expenses which have not been or will not be paid by the firm or which were reimbursed to another lobbying firm, and do not include any activity expense which has also been itemized in Section A-1 of the lobbying firm's report.

SECTION A-3: TOTAL ACTIVITY EXPENSES: Enter the total of Section A, Parts 1 and 2. Also enter the total of Section A-3 in the "Summary of Payments" section on Page 1, Line B.

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

NAME OF LOBBYING FIRM: _____ PERIOD COVERED: _____

PART III - PAYMENTS MADE (Continued)

SECTION B: PAYMENTS MADE TO OTHER LOBBYING FIRMS

Name, Address, and Telephone Number, and Email Address of Firm Contracted With	Name of Employer or Client for Whom Subcontractor was Retained to Lobby	Amount This Period	Cumulative Total to Date
		\$	\$
<input type="checkbox"/> If more space is needed, check box and use continuation sheet at the end of the form.		TOTAL PAYMENTS (Include all subtotals from continuation sheets)	\$

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 or opposing 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
			\$

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.

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

FORM 625
INSTRUCTIONS FOR COMPLETING PAGE 4

PART III -- PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES:

SECTION B: PAYMENTS TO OTHER LOBBYING FIRMS: If the lobbying firm subcontracts with another lobbying firm, you must report:

- The full name, address, ~~and~~ telephone number, and email address of the subcontractor.
- The name of the employer or client for whom the subcontractor was retained to lobby.
- The total amount paid to the subcontractor during the period, including any amounts which were reimbursements of expenses incurred by the subcontractor.
- The cumulative amount paid to the subcontractor since January 1 of the biennial legislative session for which the report is being filed.

Enter the total payments made during the period to all other lobbying firms. Also enter the total of Section B in the "Summary of Payments" section on Page 1, Line C.

PART IV -- CAMPAIGN CONTRIBUTIONS MADE

You must disclose all monetary and non-monetary campaign contributions of \$100 or more made by the firm during the period covered by the report to or on behalf of an elected state officer, a state candidate, a committee controlled by an elected state officer or state candidate, or a committee primarily formed to support or oppose such an officer or candidate. For each contribution, you must report:

- The date of the contribution.
- The name of the recipient of the contribution.
- The identification number of the recipient of the contribution if the recipient is a committee.
- The amount of the contribution.

If the contributions made by a firm during the period covered by the report, or made by a committee sponsored by the firm, are reported by the firm in a campaign disclosure statement filed pursuant to Government Code Section 84200, et seq., which is on file with the Secretary of State, you may report only the name of the committee and the committee's identification number, if any, in Section A of Part IV. (See the Information Manual on Campaign Disclosure Provisions of the Political Reform Act for further information regarding campaign disclosure requirements.)

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

NAME OF LOBBYING FIRM: _____ PERIOD COVERED: _____

PART III - PAYMENTS MADE (Continued)

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

Name, Address, and Telephone Number, and Email Address of Firm Contracted With	Name of Employer or Client for Whom Subcontractor was Retained to Lobby	Amount This Period	Cumulative Total to Date
		\$	\$
<input type="checkbox"/> If more space is needed, check box and use continuation sheet at the end of the form.		SUBTOTAL \$	

PART IV - CONTRIBUTIONS MADE (Continued)

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

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

CONTINUATION SHEET FOR PART I

REPORT OF LOBBYING FIRM (FORM 625) PAGE _____ OF _____

NAME OF LOBBYING FIRM: _____ PERIOD COVERED: _____

PART I (Continued)

- PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE FILED WITH 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 use additional continuation sheets.

**CONTINUATION SHEET FOR PART II
PAYMENTS RECEIVED**

PAGE _____ OF _____

REPORT OF LOBBYING FIRM (FORM 625)

NAME OF LOBBYING FIRM: _____ PERIOD COVERED: _____

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Continued)				
Employer's Name, Address, and Telephone Number				
..... Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period.				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments <small>(attach provide explanation)</small>	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.				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments <small>(attach provide explanation)</small>	Total This Period	Cumulative Total to Date
\$	\$	\$	\$	\$
SUBTOTAL			\$	

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