

Attachment Form 640
Governmental Agencies Reporting of
"Other Payments to Influence
Legislative or Administrative Action"

CALIFORNIA
1993 FORM

640

This attachment ~~replaces~~ corresponds to Section D of Form 635 (Report of Lobbyist Employer) and Section B of Form 645 (Report of Person Spending \$5,000 or More to Influence Legislative or Administrative Action). Use this attachment to report "Other Payments to Influence Legislative or Administrative Action." ~~Only state and local government agencies which qualify as Lobbyist employers or "\$5,000 filers" must complete this attachment.~~ Read carefully as certain payments are required to be itemized.

This attachment should not include payments to salaried lobbyists, lobbying firms, activity expenses ~~incurred by the governmental agency,~~ or payments made in connection with PUC lobbying activity.

Other Payments to Influence Legislative or Administrative Action

1. Report as a lump sum all payments made for office overhead and operating expenses associated with influencing legislative or administrative action. Examples: rent, utilities.
2. Report as a lump sum all payments made to lobbying coalitions. Also complete and attach Form 630.
3. Report as a lump sum all payments of less than \$250 made by state and local government agencies, or all payments of less than \$2,500 made by all other lobbyist employers and \$5,000 filers, during the calendar quarter for goods or services used by a lobbyist or used to support or assist a lobbyist (but not made directly to the lobbyist). Also include payments for expenses which would not have been incurred but for the agency's lobbying activities. Do not include overhead expenses such as rent, utilities, office supplies and subscriptions to legislative tracking services.

~~Examples: Payments made to expert witnesses, payments for subscription services, (e.g., legislative bill service), compensation paid to employees (other than a lobbyist) who spent 10 percent or more of their compensated time in a calendar month in connection with lobbying activities.~~

4. **Itemize** payments of \$250 or more made by state and local government agencies, or payments of \$2,500 or more made by all other lobbyist employers and \$5,000 filers, during the calendar quarter for goods or services used by a lobbyist or used to support a lobbyist in connection with his or her activities (but not made directly to the lobbyist). Also ~~itemize~~ include payments of ~~\$250 or more which that~~ would not have been incurred but for the ~~agency's~~ employer's lobbying activities. Do not include overhead expenses. ~~See examples above.~~

Before the payee name include a code (including the brackets before and after) to describe the primary purpose of the payment: (1) [C] for compensation of employees other than lobbyists; (2) [E] for expenses incurred by a lobbyist and paid directly by the filer, or expenses incurred by the filer for goods or services used by a lobbyist; (3) [L] for legislative related-services performed by a lobbying firm under Regulation 18614(b)(2); (4) [A] for advertising; (5) [P] for public affairs; and (6) [O] for all other payments. (See Cal. Code Regs., tit. 2, section 18616.)

State and local government agencies A-also must itemize dues or similar payments of \$250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or \$15,000 or more in a calendar quarter to influence legislative or administrative action. Report the entire amount of the dues payment. Report dues payments in the calendar quarter in which the payments were made.

5. Add lines 1-4 and list the grand total of “Other Payments to Influence Legislative or Administrative Action.” Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645.

~~Call~~ ~~Contact~~ the Fair Political Practices Commission's ~~Technical Assistance Division~~ at ~~(916) 322-5660~~ advice@fppc.ca.gov for assistance in ~~completing this form.~~

Attachment Form 640

(Attachment to Form 635 or Form 645)

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Page _____ of _____

NAME OF FILER: _____

PERIOD COVERED: _____

For Use By: A state or local government agency that qualifies as a lobbyist employer or a \$5,000 filer. Refer to the instructions on the cover page before completing this attachment.

Other Payments to Influence Legislative or Administrative Action:

1. Total payments for overhead expenses related to lobbying activity. <u>Report as a lump sum.</u>	\$ _____
2. Total payments to Lobbying Coalitions. <u>Report as a lump sum.</u> (Form 630 must be attached)	\$ _____
3. Total payments of less than \$250 or \$2,500, as applicable, during the calendar quarter for lobbying activity (excluding overhead). <u>Report as a lump sum.</u>	\$ _____
4. Total payments of more than \$250 or \$2,500, as applicable, during the calendar quarter for lobbying activity (excluding overhead). Such payments must be itemized below.	\$ _____
5. Grand total of "Other Payments to Influence Legislative or Administrative Action." Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645.	\$ _____

Government agencies must itemize below payments of \$250 or more, and all other lobbyist employers and \$5,000 filers must itemize payments of \$2,500 or more, made during the quarter for lobbying activity. Provide the payment code, name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the biennial legislative session covered by the report.

State and local government agencies also must itemize dues or similar payments of \$250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or \$15,000 or more in a calendar quarter to influence legislative or administrative action. Provide the organization's name and address, the amount paid to the organization during the quarter, and the cumulative amount paid to the organization since January 1 of the biennial legislative session covered by the report.

<u>Payment Code, Name & Address of Payee</u>	Amount This Quarter	Cumulative Amount Since January 1
	\$	\$
	\$	\$
	\$	\$
Subtotal of all payments itemized above	\$	

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

Attachment Form 640

(Continuation Sheet)

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NAME OF FILER: _____

PERIOD COVERED: _____

<u>Payment Code, Name & Address of Payee</u>	Amount This Quarter	Cumulative Amount Since January 1 of the Biennial Legislative Session
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Subtotal of all payments itemized above	\$	