

CAL Document: 2.01

California File .CAL Layouts





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In accordance with the requirements of SB 49, the Secretary of State (SOS) is required to define a standardized record format or formats for transmission by the filing community of data required to be filed electronically under SB 49. The SOS will accept test files from vendors to ensure compliance and compatibility with these formats, and publish a list of the certified vendors or other parties who have successfully filed test reports with us.

This document contains the design definition of the California Electronic Filing Format for the electronic filing of California campaign and lobbying disclosure documents. This format defines the order and contents of the electronic filing data files that will be accepted and processed by the State of California's (CAL-ACCESS) California Automated Lobbying And Campaign Contribution & Expenditure Search System. This filing format has been developed to meet the specific requirements of SB 49 to implement electronic filing of these documents and to disclose this data to the public over the Internet. The specific layout of the format is derived from the data requirements of the forms themselves and experience gained implementing this system in the past two years. Vendor feedback is welcome and has been solicited.

This filing format is being used as the basis for the design of the CAL-ACCESS system and will be used to receive filings from filing software that uses the ".CAL" format. Like all software development integration efforts of this type, it is anticipated that minor problems will be found with the format. Please submit problem reports related to any potential problems to dhulse@ss.ca.gov

The filing format is in the public domain and is non-proprietary. There are no intellectual property limitations associated with the filing format. The format is administered by the Secretary of State and all changes or corrections to the format will be managed by the Secretary of State.

Proposed filing formats are provided for the following forms:

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CAMPAIGN

Statement of Organization (Slate Mailer Organization)
Slate Mailer Organization Campaign Statement
Statement of Termination (Slate Mailer Organization)
Statement of Organization Recipient Committee
Semi-Annual Statement of no Activity
Recipient Committee Campaign Disclosure Statement - Short Form
Recipient Committee Campaign Statement
Independent Expenditure Committee & Major Donor Committee Campaign
Statement
Supplemental Independent Expenditure Report
Officeholder and Candidate Campaign Statement - Short Form
Officer and Candidate Campaign Statement (Supplement)
Supplemental Pre-Election Campaign Statement
Late Independent Expenditure Report
Late Contribution Report
Slate Mailer Late Payment Report

LOBBYIST

601 602	Lobbying Firm Registration Statement Lobbying Firm Activity Authorization
603	Lobbying Firm Activity Admonization Lobbying Employer or Lobbying Coalition Registration Statement
604	Lobbyist Certification Statement
605	Amendment to Registration, Lobbying Firm, Lobbyist Employer, Lobbying
	Coalition
606	Notice of Termination
607	Notice of Withdrawal
615	Lobbyist Report
625	Report of Lobbying Firm
630	Payments Made to Lobbying Coalitions (Attachment to Form 625 or 635)
635	Report of Lobbyist Employer or Report of Lobbying Coalition
635C	Payments Received by Lobbying Coalitions
640	Governmental Agencies Reporting (Attachment to Form 635 or Form 645)
645	Report of Person Spending \$5,000 or More
690	Amendment to Lobbying Disclosure Report



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The first record in a CAL file must be a short CSV (comma-separated-value) record identified with the text "HDR" in the first field and "CAL" in the second field. The rest of the fields contain information such as version numbers and software identification for the filing database program that created the electronic CAL filing. The layout of a HDR record is described on the next page.

The filing database program is responsible for creating the various record types described in this document. It will assemble them into a single (.CAL) file with a HDR record, immediately followed by a CVR (Cover) record, followed by a number of other record types (e.g. CVR2, CVR3, SMRY, RCPT, EXPN,...) as required by a particular type of filing. The specific record types that should be included after the HDR and CVR records of each type of filing (e.g. F460 F615, F625, F635,) are listed at the beginning of each of the four Filing Sections later in this document.

Note: The following layouts use 'Rx', 'R', 'Cx' & 'C' to indicate if a field is (R)equired or (C)onditionally required. If required {or conditionally required} and data is missing, the 'x' indicates whether this results in a filing being "Rejected" by the agency.

'Rx' =	(R)equired field; SOS "Rejects" filing	(Level-8)
'R' =	(R)equired field, but SOS "Accepts" filing	(Level-4)
'Cx' =	(C)ond Required field; SOS "Rejects" filing	(Level-8)
'C' =	(C)ond Required field, but SOS "Accepts" filing	(Level-4)

'O' = (O)ptional field. Code is used within this document so that programs which 'read' this document can use a simple and consistent approach for parsing the text.

Header Record Layout (common to all CAL filing types)

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	3	Record Type. Value: HDR
02	Rx	EF_Type	3	Electronic Filing Type (a.k.a. Form_Type) Value: CAL
03	Rx	State_Cd	2	State Code. Value: CA
04	Rx	CAL_Ver	4	CAL Version #. Value: 2.01
05	Rx	Soft_Name	90	Filer Software Name
06	Rx	Soft_Ver	16	Filer Software Version #
07	0	HDRcomment	200	Optional comment (only used for development/testing)



NOTES ABOUT CERTAIN FIELD TYPES

E.F (.CAL) files are not case sensitive. Rec_Type, Form_Type and all "code" fields (e.g. Entity_Cd, Yes/No fields, Check-box fields), can have values represented in any mix of UPPERCASE or lowercase letters." It is important that software that generates "CAL" files prevents any fields from containing "leading spaces" (e.g. " Text information" has a leading space before the word Text). Fields with leading spaces are not allowed.

Each kind of record must be coded with the exact number of field delimiters necessary to define the number of fields as specified by this document. The number of fields required on CVR and CVR2 records depends on the Form_Type. All other records have field counts, which vary with the value of Rec_Type.

DATES

All 8 byte date fields must be in CCYYMMDD format. Dates are always coded as 8-digit fields in Century, Year, Month, & Day order.

AMOUNTS

Monetary amounts are stored with an "explicit" decimal point, which when coded, must be followed by 1 or 2 (but no more than 2) decimal positions. Embedded commas are not allowed and cause a filing to be rejected. Negative amounts can be represented with a leading hyphen (-) character.

Examples:

123.45	-	represents an amount of \$123.45
345	-	represents an amount of \$345.00
-567.8	-	represents a negative amount of \$567.80
\$1,234.00	-	invalid & will be rejected (commas & other symbols not allowed)
1234.00-	-	invalid & will be rejected (no trailing '-' signs allowed)



RATES & PERCENTS

Rates & Percents are expressed as "freeform" text. When a Loan is expressed in terms of a "rate", the value should be represented with an explicit decimal point (e.g. 0.056). If the same "rate" is expressed as a percentage, the % symbol should be used. A rate of 0.056 would be expressed as 5.6%. Percents/Rates are carried in "CAL" files in fields of up to 30-characters.

NAMES

Names are carried in 4 explicitly defined fields:

- 1) Last Name is a 200-character field, which is used for a person's last name or is used for the complete name of a non-person entity such as a committee, business, ballot measurer name, etc.
- 2) First name is a 45-character field which is used to store a person's first name and any middle name(s) and/or initials. For a person, it's all the names excepting the Last Name or surname.
 - A Moniker may be included in the first name field. It can be identified with surrounding single-quote (') characters. It must not be surrounded with double-quote (") characters, because embedded double-quotes (") are not allowed within text fields in the CAL format. When displayed or printed in CAL-ACCESS, the single-quote characters are shown as double-quotes.
- 3) Title (or prefix) is used for titles used by a person such as Mr, Mrs, Ms, Hon, Rep, Sen, Dr, and so on. Up to 10 characters are allowed.
- 4) Suffix is used for a person's suffix such as Jr, Sr, II, III, Esquire, etc. As many as 10 characters are allowed.



ADDRESSES

Addresses must contain a postal "delivery line" (such as a street address or a PO Box), plus city, state code and a 5-digit (or optionally a Zip+4) ZIP Code. In other words, a complete "mailing address" should be given as an "address".

"CAL" records allow for 2 lines of address (in addition to the fields for city, state code and ZIP Code). When only one line of street address is given, it should be a postal delivery line and should be coded in the Address1 field (Address2 field should be blank). When two lines of address are given, the postal delivery line should be coded in Address2 (Address1 will contain "non-delivery" information such as a building name, "attention:" etc.).

Zip Codes & Zip +4

Zip Codes are defined as a maximum of 10 characters. Zip Codes can be stored as 5-digit, 9-digit, or as 5-digit/hyphen/4-digit values.

PHONE NUMBERS

Phone numbers are coded "freeform" in a 20-character phone field. Any special instructions (e.g. select #3 from the menu) and/or extension numbers should be included in phone number fields.

YES/NO BOX PAIRS

Yes/No Boxes are represented on forms and schedules as two separate boxes. They are mutually exclusive in their use; however, if a filer checks both boxes in a Yes/No group, this should be interpreted the same as if neither box is checked. The results are stored in a single field in the electronic file - the only acceptable values in a Yes/No field are blank. "Y" and "N".



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SINGLE CHECK-BOXES

Check-box fields differ from Yes/No Boxes. Check-boxes reflect either a "positive" response (i.e. the filer has put a check-mark, an "X" or some other kind of marking in the box), or "no response". The lack of a mark in a check-box means only that a "positive" response HAS NOT been made. It does not indicate a "negative" response the filer might have ignored the check-box on the form.

In electronic filing, check-box fields are coded with an "X" to indicate that the item on the form was "checked". Nothing is coded when the item was not "checked".

CHECK-BOXES GROUPS

Forms often have groups of check-boxes where only one box can be checked. These are called "mutually exclusive" check-box groups. The convention used in "CAL" files is to define a single field to represent a group of mutually exclusive check-boxes on a paper form. Code values are defined to represent each possible selection (e.g. [1|2|3|...] or [A|B|C|...]).

Note: The convention in MS Windows is to offer mutually exclusive choices with what are called "radio buttons".

Note: The convention in "CAL" is to define a separate field for each check-box, which is not part of a mutually exclusive group. (see Single Check-boxes above).

ENTITY CODES USED ON FORMS & SCHEDULES

The following Entity Codes are used to indicate various kinds of persons and committees on "Cover Page" (CVR) record types:

CAO - Candidate/Office-holder (F460, F465, F470, F496, F497, F470S)

CTL - Controlled Committee (F460, F465, F496, F497, F410, F495)

RCP - Recipient Committee (F425, F450, F460, F465, F496, F497, F410, F495)

SMO - Slate Mailer Organization (F401, F498, F400, F402)

BMC - Ballot Measure Committee (F450, F460, F465, F496, F497, F410, F495)

MDI - Major Donor/Ind Expenditure (F461, F465, F496, F497)



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ENTITY CODES USED ON FORMS & SCHEDULES (continued)

LBY - Lobbyist (an individual) (F606, F607, F615, F645)
FRM - Lobbying Firm (F601, F602, F603, F625, F645)
LEM - Lobbying Employer (F601, F602, F603, F635, F645)
LObbying Coalition (F601, F602, F603, F635, F645)

IND - Person (spending > \$5000) (F645)

The following "Entity Codes" are used to indicate various kinds of persons on "Additional Name/Address" CVR2 record types:

AGY - State Agency (F603)

ATH - Authorizing Individual (F400)

ATR - Assistant Treasurer (F410, F425, F450, F460)
BNM - Ballot Measure's Name/Title (F410, F460-Part5a)

CAO - Cand/Officeholder (F410, F460-Part4a, F460-Part5b, F460-Part6, F465)

COM - Committee (F400, F460-Part4b, F470-Part4)

CTL - Controlled Committee (F410, F460-Part4b, F470-Part4)

EMP - Employer (F625, F635, F603)

FRM - Lobbying Firm (F603)

MBR - Member of Association (F602)
OFF - Officer (F465-Part5, F625, F635)

OWN - Owner (F625, F635)

POF - Principal Officer (F400, F410, F465) PRO - Proponent (F410, F460-Part5b)

PTN - Partner (F625, F635)

RCP - Recipient Committee (F400, F460-Part4b, F470-Part4)

SCL - Subcontracted Client (F602)

SPO - Sponsor (F410)

Note: F460 Part4a/Part4b & Part5a/Part5b refer to the "upper"/"lower" portions of Parts 4 and 5 located on the 460's second cover page.

The following CVR2 "Item Codes" indicate which Section within F400 & F410 reports the Entity is to be listed:

ATR - (Item_Cd) Assistant Treasurer (F410)
POF - (Item_Cd) Principal Officer (F400, F410)
CTL - (Item Cd) Controlled Committee (F410)

PFC - (Item_Cd) Primarily Formed Committee Item (F410) SPO - (Item Cd) Sponsored Committee Itemization (F410)

SMA - (Item Cd) Slate Mailer Authorizer (F400)



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ENTITY CODES USED ON FORMS & SCHEDULES (continued)

The following Entity Codes are used to indicate various kinds of persons on "verification" CVR3 record types:

TRE - Treasurer/Assistant TreasureCAO - Candidate/Office HolderOFF - Officer (Responsible)

PRO - Proponent SPO - Sponsor

The following Entity Codes are used to indicate various kinds of persons and organizations on various schedules including RCPT, EXPN, and LOAN record types:

COM - Committee

RCP - Recipient Committee

IND - Individual OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

LOBBYING ACTIVITY DESCRIPTION (Lby Actvty on Lobbyist CVR & LPAY records)

If additional space is needed to describe this activity, attach a text memo record describing the activity to the filing. When reporting lobbying activity, the preferred format to identify bills is the type of bill followed by the bill number. Each bill is separated by a space character or comma. Putting a white space between the bill type and bill number is optional. Formatting the information in this manner provides the public with better access to bill information. The following variations comply with this definition.

AB26 AB30, SB300, SB 285 AB 325, SB203, AB 25

The codes recognized by the system are AB, AC, ACA, ACR, AJR, HR, SB, SCA, SCR, SJR, and SR. In addition, any of these codes followed by an X and a single digit (for example ABx7 or ABx 7) will be recognized.



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OFFICE CODES USED ON FORMS & SCHEDULES

Statewide Offices

GOV - Governor

LTG - Lieutenant Governor SOS - Secretary of State CON - State Controller ATT - Attorney General TRE - State Treasurer

INS - Insurance Commissioner

SUP - Superintendent of Public Instruction

SPM - Supreme Court Justice

State District Offices

SEN - State Senator

ASM - State Assembly Person

BOE - Board of Equalization Member

PER - Public Employees Retirement System

APP - State Appellate Court Justice

City, County and Local Offices

ASR - Assessor

BED - Board of Education
BSU - Board of Supervisors

CAT - City Attorney

CCB - Community College Board

CCM - City Council Member

COU - County Counsel

CSU - County Supervisor

CTR - Local Controller
DAT - District Attorney

MAY - Mayor

PDR - Public Defender

PLN - Planning Commissioner

SHC - Sheriff-Coroner

SCJ - Superior Court Judge

TRS - Local Treasurer

Miscellaneous / Other

OTH - Other



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EXPENSE CODES USED ON 460 EXPENSE SCHEDULES

These 3-character codes have been described by the FPPC for use on F460 / Schedules E, F and G. CALACCESS uses these codes universally on other forms & schedules when Expense Amounts require categorization.

.....

CMP - campaign paraphernalia/miscellaneous

CNS - campaign consultants

CTB - contribution (if nonmonetary, explain)*

CVC - civic donations

FIL - candidate filing/ballot fees

FND - fundraising events

IND - independent expenditure supporting/opposing others (explain)*

LEG - legal defense

LIT - campaign literature and mailings

MBR - member communicationsMTG - meetings and appearances

OFC - office expenses
PET - petition circulating
PHO - phone banks

POL - polling and survey research

POS - postage, delivery and messenger services
PRO - professional services (legal, accounting)

PRT - print ads

RAD - radio airtime and production costs

RFD - returned contributions SAL - campaign workers salaries

TEL - T.V. or cable airtime and production costs

TRC - candidate travel, lodging and meals
TRS - staff/spouse travel, lodging and meals

TSF - transfer between committees of the same candidate/sponsor

VOT - voter registration

WEB - information technology costs (Internet, e-mail)

Note: For Schedule D "Type of payment", codes "MON, "IKD" and "IND are the only valid codes. IKD and IND require an explanation.



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CALACCESS Expense Codes which are not explicitly listed on FPPC forms.

MON - Monetary contribution - this code means that the contribution is specifically a monetary contribution. It is not an allowable value for Schedules E, F & G on F460 filings. It can be coded as a value on Schedule D, and on the F450P5, F461P5 and F465P3 schedules.

Non-monetary contribution - this code means that the contribution is specifically a non-monetary contribution. It is not an allowable value for Schedules E, F & G on F460 filings. It can be coded as a value on Schedule D, and on the F450P5, F461P5 and F465P3 schedules.

LON - Loan - This is a "generic" code meaning that a F461P5 contribution is a Loan. Other Codes used on F461P5 are 'MON', 'CTB' & 'IND'.

AMENDMENTS TO FORMS

When a filing is received, the CALACCESS system assigns a unique identifier known as the Filing Id. This filing id is printed on the acknowledgement notification that is emailed to you. The id is always preceded by "CA-" (i.e. CA-999999). You will need to use this filing id when amending this form. The id must be entered at the time of uploading your file to our system using the CALOAD utility. This id is entered in the area titled:

This filing amends filing id:

999999

Along with sending us this id through the CALOAD utility, you need to increase the number in the field "Report_Num" found in every CVR record. This number must be increased according to what amendment number you are sending (i.e. 001 = first amendment, 002 = second amendment).

Note: Your file will be rejected under the following conditions:

- You failed to provided a Filing Id, and Report_Num is greater than zero.
- You send the Report_Num out of sequence. (i.e. Report_Num = 003, but we have not received 002 yet, or Report_Num = 002, and we already have 002 on file)

Please view AMENDMENT PROCESSING OF ITEMS IN SCHEDULES found in the next page for additional amendment information.



AMENDMENT PROCESSING OF ITEMS IN SCHEDULES

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Tran_ID: A unique identifier permanently associated with each itemization or transaction appearing in a CAL electronic file. If a given itemization appears in more than one schedule (e.g. a forgiven loan is reported on both Schedule A and Schedule B) then the Tran_ID associated with that itemization can either have the same value or different values for that single item among the various schedules. However, all Tran_IDs of itemizations appearing in any amending report must match the Tran_IDs first used for those same itemizations in the original report.

The Tran_ID assigned and maintained by the filer's software is used by the California SOS's database to uniquely identify each itemization from every schedule and from every filer. It is critically important that when a filer amends a previously filed electronic report, the Tran_IDs of the subsequent amendment match those already reported. It is acceptable for a Tran_ID of one original report to be assigned a value that was used on a previous original report. Tran_IDs must be unique WITHIN a report group - that is an original report and all of its amendments.

Although software will assign a Tran_ID to a dollar itemization on almost all schedules, this is not so with the 460's Schedule F. "Schedule" F is a series of summarization's -the main entries are summarization's for a payee/creditor. Therefore Tran_IDs on Schedule F will be unique identifiers used for the payee/creditor entity. Subitemizations on Schedule F that show new incurred expenses for the reporting period will, however, be assigned Tran_IDs for the individual incurred expense items.

A unique Tran_ID must also be assigned to each CVR2 and CVR3 record. Since these are not "money" records, the Tran_ID will be a unique identifier that is assigned to the Entity who/which is coded in each CVR2 and CVR3 record.

MEMOS, NOTES & EXPLANATORY TEXT

Large bodies of text can be associated with forms and also with individual itemizations within schedules. A special TEXT record can be used in a CAL file to carry descriptive text as a string of characters not exceeding 4000 characters.

TEXT records can be associated with a filing's "cover" page, with a schedule as a whole, and to one or more individual itemizations within a schedule.

The contents of TEXT records are printed on "pages" following the form(s) to which they are related. For example, a body of TEXT related to a cover form will be shown following that form. Likewise, TEXT related to a schedule (as a whole and/or itemizations within that schedule) is printed on pages after the last detailed itemization of the particular schedule. Depending on the amount of "white space" available on a form, the print rendering software in CALACCESS will attempt to "fit" short text memos



within the immediate proximity of the item to which the memo is attached, otherwise it is printed on separate "pages".

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CAL layouts for Schedules include a field named Memo_RefNo. This is a value assigned by the filer and is printed within the itemization area of the printed schedule as a "reference" to the memo text that is printed after the last detailed itemization in the schedule. Memo_RefNo can be thought of as being like a footnote reference.

The layout of the TEXT record is described below:

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	4	Record Type Value: TEXT
02	Rx	Form_Type	8	Contains 'Form_Type' of a "cover" Form (F4**, F6**) or a Schedule (e.g. A,B1,C,E,) to which this text/memo/note is related. Values: (F4**, F6**, any schedule name)
03	0	Ref_No	20	The value contained in a schedule itemization's 'Memo_RefNo' field.
04	R	Text4000	4000	A string of unformatted text up to 4000 characters.

Note: no tab, carriage return, line feed or any other non-printable characters may be embedded within the string of text.

Examples:

TEXT,F460,,"Some general notes about this 460 filing are given here."

TEXT,A,,"Some general notes about Schedule A in this 460 filing."

TEXT,C,123,"A long memo for an item in Schedule C that references Memo 123."



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BACK-REFERENCING TO RELATE "CHILD" SUBITEMIZATIONS BACK TO "PARENT" ITEMIZATIONS

Schedules that can have child records have a new BakRef_TID field are:

Disclosure Report	Report/Schedule	Rec Type
401 Slate Mailer Camp Stmt: 460 Campaign Statement: 460 Campaign Statement: 460 Campaign Statement: 460 Campaign Statement:	401/B 460/A; 460/C; 460/I 460/D; 460/E; 460/G 460/B1; 460/B2; 460/H 460/F	S401 RCPT EXPN LOAN DEBT
i o o o o o o o o o o o o o o o o o o o		

BACK-REFRENCING TO RELATE "CHILD" SUBITEMIZATIONS BACK TO "PARENT" ITEMIZATIONS (Cont.)

Lobbvist Activ	vity Expenses	615/P1; 625/P3-A;	LEXP

635/P3-C; 645/P2

Lobbyist Payments Received: 625/P2 LPAY Lobbyist Payments Made: 635/P3-B LPAY Lobbyist Pol Contribs Made: 615/P2; 625/P4-B; LCCM

635/P4-B; 645/P3-B

The BakRef_TID of a "sub-itemization" (a "child" record in programmer talk) is used to "refer back" to the main itemization record in a schedule. A sub-itemization (like a "memo" record where Memo_Code=X) does not count toward any schedule or summary page dollar totals. It is an informational record.

A non-blank BakRef_TID both indicates that a record is a "child" record, and also points (refers back) to the main itemization or "parent" record. The value that is coded into the BakRef TID of a child record is that of the Tran ID belonging to the parent record.

The CALACCESS system maintains references so that entities listed in "subitemizations" can be located in queries of the CALACCESS database.

The 460 Schedule G is a special case where ALL entries on that form are really subitemizations for items that appear on the 460's Schedule E or Schedule F. Filers have the option of coding Schedule E/F sub-itemizations within Schedules E/F themselves, or separately on Schedule G. CALACCESS will maintain references from child records on Schedule G back to the parent records on Schedule E/F by using Schedule G's BakRef_TIDs (which are required on Sched G). A field called G_From_E_F on the EXPN layout is used for Schedule G "child" records to indicate whether the "parent" record is found on Schedule E or Schedule F.



Programmers should note that "parent" records on the F460's Schedule F are assigned Tran_IDs that are unique for the Payee/Creditor or are unique for the "debt". However, "child" sub-itemizations of new incurred expenses and new payments are assigned Tran_ID's unique to the incurred item. The values in BakRef_TID's in Schedule F need to take this into account.

Child Records:

SPLIT TRANSACTION RECORD

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	6	Record Type Value: SPLT
02	Rx	Pform_Type	6	Parent Schedule Type. Values: A, B1, B2, C, D, H, F450P5.
03	Rx	Ptran_Id	20	Parent Tran_ID.
04	R	Elec_Date	8	Date of Election
05	R	Elec_Amount	12	Per Election to Date Amount
06	R	Elec_Code	2	Per Election to Date Code. Values: P, G, S, R. (P = Primary, G = General, S = Special, R = Runoff)

Note: A parent RCPT Record could have one or many SPLT records. Here is a little sample of some ways the child split record may be used:

1 to many RCPT -----> SPLT

Record Samples RCPT,A,MC5, etc..... (Parent)

SPLT,A,MC5, etc..... (Child) SPLT,A,MC5, etc..... (Child)

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Section 1 - Campaign Disclosure Reports

Slate Mailer Organization Campaign Statement
Semi-Annual Statement of no Activity
Recipient Committee Campaign Disclosure Statement - Short Form
Recipient Committee Campaign Statement
Independent Expenditure Committee and Major Donor Committee
Campaign Statement
Supplemental Independent Expenditure Report
Officeholder and Candidate Campaign Statement - Short Form
Supplemental Pre-Election Campaign Statement
Late Independent Expenditure Report
Late Contribution Report
Slate Mailer Late Payment Report

Electronic File Components by Filing Type

<u>RecType</u>	<u>FormName</u>	Description
HDR CVR CVR3 SMRY RCPT S401 S401 S401 S401	CAL F401 F401 F401A F401B F401B-1 F401C F401D	"CAL" Header record Cover Page; Slate Mailer Organization Cover Page; Part IV; Verification Information Summary Page & Misc. Schedule Line-item [sub]totals Payments Received Payments Made Payments Made by Agent/Contractor on Behalf of SMO "F400" Persons in SMO Receiving \$1000 or more Candidates/Measurers not on Schedule F401A
HDR CVR CVR2 CVR3	CAL F425 F425 F425	"CAL" Header record Cover Page; Semi Annual Statement of No Activity Cover Page; Part 1; Assistant Treasurer Cover Page; Part 3; Verification Information



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		4.1708
HDR CVR2 CVR3 F495 SMRY EXPN SPLT	CAL F450 F450 F450 F450 F450P5 Child	"CAL" Header record Cover Page; Recipient Committee Cover Page; Part 3; Assistant Treasurer Cover Page; Verification Information Supplemental Pre-Election Statement (a.k.a. Form 495) Summary Page & Misc. Schedule Line-item [sub]totals Expenditures & Contributions Made Split Transaction Record - Used as a child record for schedules: A, B1, B2, C, D, H and/or F450P5 when disclosing Per Election to Date information.
HDR CVR CVR2 CVR3 F495 SMRY RCPT LOAN LOAN RCPT EXPN EXPN DEBT EXPN LOAN RCPT SPLT	CAL F460 F460 F460 F460 A B1 B2 C D E F G H I	"CAL" Header record Cover Page; Recipient Committee Campaign Statement Cover Page; Additional Committees, Asst. Treasurer, etc. Cover Page; Part 4; Verification Information Supplemental Pre-Election Statement (a.k.a. Form 495) Summary Page & Misc. Schedule Line-item [sub]totals Schedule A Monetary Contributions Received Schedule B Part 1 - Loans Received Schedule B Part 2 - Loan Guarantors Schedule C - Nonmonetary Contributions Received Schedule D - Summary of Expenditures - Support/Oppose Schedule E - Payments Made Schedule F - Accrued Expenses (Unpaid Bills) Schedule G - Payments Made "on behalf" of this Committee Schedule H - Loans Made to Others Schedule I - Miscellaneous Increases to Cash Split Transaction Record - Used as a child record for schedules: A, B1, B2, C, D, H and/or F450P5 when disclosing Per Election to Date information.

<u>RecType</u>	<u>FormName</u>	Description
HDR	CAL	"CAL" Header record
CVR	F461	Cover Page; Ind Expenditure & Major Donor Committee
CVR3	F461	Cover Page; Part 4; Verification Information
F405	F461	Amendment Information sheet (a.k.a. Form 405)
SMRY	F461	Summary Page & Misc. Schedule Line-item [sub]totals
EXPN	F461P5	Expenditures & Contributions Made



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HDR CVR CVR2 CVR3 SMRY EXPN	CAL F465 F465 F465 F465 F465P3	"CAL" Header record Cover Page; Supplemental Independent Expenditure Rpt Cover Page; Part V Filing Officer Titles & Addresses Cover Page; Part VII; Verification Information Summary Page & Misc. Schedule Line-item [sub]totals Independent Expenditures Made
HDR	CAL	"CAL" Header record
CVR	F470	Cover Page; Officeholder/Cand Short Form & Supplement
CVR2	F470	Cover Page; Part IV; Committee Names & Addresses
CVR3	F470	Cover Page; Part V; Verification Information
HDR	CAL	"CAL" Header record
CVR	F496	Cover Page; Late Independent Expenditure Report
S496	F496	Independent Expenditures Made
RCPT	F496P3	Contributions of \$100 or More Received
HDR	CAL	"CAL" Header record
CVR	F497	Cover Page; Late Contribution Report
S497	F497P1	Late Contributions Received
S497	F497P2	Late Contributions Made
HDR	CAL	"CAL" Header record
CVR	F498	Cover Page; Slate Mailer Late Payments Report
S498	F498-R	Late Payments Received From:
S498	F498-A	Late Payments Attributed To:

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COVER PAGE RECORD LAYOUT FOR F401, F450, F460, F461 DISCLOSURE REPORTS

F425 STATEMENT OF NO ACTIVITY
F465 SUPPLEMENTAL INDEPENDEDNT EXPENDITURE
F496, F497, F498 LATE CONTRIB/EXPEND REPORTS

	# 	R{x} C{x}	Field Name	Max Len	Description
(01 02	Rx Rx	Rec_Type Form_Type	3 4	Record Type Value: CVR Type of Filing or Form set. Values: F401; F425; F450; F460; F461; F465; F496; F497; F498
(03	Rx	Filer_ID	9	Committee ID number of Filer
(04	O	Entity_Cd	3	Values: CAO - Candidate/Office-holder (F460, F465, F496, F497) CTL - Controlled Committee (F460, F465, F496, F497) RCP - Recipient Committee (F460, F425, F450, F465, F496, F497) SMO - Slate Mailer Organization (F401, F498) BMC - Ballot Measure Committee (F460, F450, F465, F496, F497) MDI - Major Donor/Ind Expenditure (F461, F465, F496, F497)
(05 06 07 08	Rx C O O	Filer_NamL Filer_NamF Filer_NamT Filer_NamS	200 45 10 10	Filer's Last name Filer's First name(s) (Required for persons) Filer's Prefix or Title Filer's Suffix
(09	Rx	Report_Num	3	Report Number - Values: 000 - Original Report 001-999 - Amended Rpt #1-#999
	10	Rx	Rpt_Date	8	Date this report is filed





COVER PAGE LAYOUT FOR DISCLOSURE REPORTS (Continued)

#	R{x} C{x}	Field Name	Max Len	Description
11	Cx	Stmt_Type	2	Type of Statement - Values: PE = Pre-Election (F450, F460) SE = Supplemental Pre-elect (F450, F460, F495) SY = Special Odd-Yr. Campaign (F450, F460) SA = Semi-annual (F450, F460) TS = Termination Statement (F450, F460) QT = Quarterly Stmt (F450,F460) S1 = Semi-Annual (Jan1-Jun30) (F425) S2 = Semi-Annual (Jul1-Dec31) (F425) (Null value {not Req.} on F461, F401, F465, F496, F498, F497)
12	Сх	Rpt_ID_Num	30	Identifying Report Number on a Late Ctrib/Payment Rpt or an Ind Exp Report (Req. on F465, F496, F497 & F498). (This user assigned value is printed in the Report No. and Amended Report No. fields on 496 & 497 forms and is printed on electronic versions of 465 & 498 forms.)
13	Сх	From_Date	8	Reporting Period From Date (not Req. on F496, 497, 498)
14	Сх	Thru_Date	8	Reporting Period Through Date (not Req. on F496, 497, 498)
15	С	Elect_Date	8	Date of the Election (Req. on F450, F460, F461, F465)
16 17 18 19 20 21 22 23	R O R R R O O O	Filer_Adr1 Filer_Adr2 Filer_City Filer_ST Filer_ZIP4 Filer_Phon Filer_FAX File_Email	55 55 30 2 10 20 20 60	Street 1 of Filing Entity Street 2 of Filing Entity City of Filing Entity State of Filing Entity ZIP+4 of Filing Entity Phone Number of Filing Entity FAX Phone Email



COVER PAGE LAYOUT FOR DISCLOSURE REPORTS (Continued)

#	R{x} C{x}	Field Name	Max Len	Description				
24		Mail Adra		Ctroot 1 Mailing Address of Filer (if different)				
24	0	Mail_Adr1	55 55	Street 1 Mailing Address of Filer (if different)				
25	0	Mail_Adr2	55	Street 2 Mailing Address of Filer (if different)				
26	С	Mail_City	30	City Mailing Address of Filer (if different)				
27	C	Mail_ST	2	State Mailing Address of Filer (if different)				
28	С	Mail_ZIP4	10	ZIP+4 Mailing Address of Filer (if different)				
(Tres	(Tres. fields #29 - 40 not used on F496 & F497 filings)							
29	С	Tres_NamL	200	Treasurer or Responsible Officer's Last name				
30	С	Tres_NamF	45	Treasurer or Responsible Officer's First name				
31	0	Tres_NamT	10	Treasurer or Responsible Officer's Prefix or				
				Title				
32	0	Tres_NamS	10	Treasurer or Responsible Officer's Suffix				
33	С	Tres_Adr1	55	Treasurer or Responsible Officer Street 1				
34	0	Tres_Adr2	55	Treasurer or Responsible Officer Street 2				
35	С	Tres_City	30	Treasurer or Responsible Officer City				
36	С	Tres_ST	2	Treasurer or Responsible Officer State				
37	С	Tres_ZIP4	10	Treasurer or Responsible Officer ZIP+4				
38	0	Tres_Phon	20	Treasurer or Responsible Officer Phone				
39	0	Tres_FAX	20	FAX Phone				
40	Ο	Tres_Email	60	Email Address				
41	С	Cmtte_Type	1	Type of Recipient Committee (Req on F450 & F460)				
				Value: C = Cand/Officeholder Controlled Cmtte [460]				
				P = Cand/Officeholder Primarily Formed				
				[450 460]				
				B = Ballot Measure Committee [450 460]				
				G = General Purpose Committee [450 460]				

Note: Fields 42 through 45 are not used when Cmtte_Type = P (Please leave null)



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COVER PAGE LAYOUT FOR DISCLOSURE REPORTS (Continued)

	Follow	ing fields used when	Form_	Type = F460 and Cmtte_Type = C			
42	С	Flag1_YN	1	State Candidate Elec Committee? Value: "Y" or "N"			
43	С	Flag2_YN	1	Recall Indicator? Value: "Y" or "N"			
Note	Note Field 44 & 45 are not used when Cmtte_Type = C, please leave null						
Following fields used when Form_Type = F460 or F450 and Cmtte_Type = B							
42	С	Flag1_YN	1	Primarily Formed Committee? Value: "Y" or "N"			
43	С	Flag2_YN	1	Controlled Committee? Value: "Y" or "N"			
44	С	Flag3_YN	1	Sponsored? Value: "Y" or "N"			
45	С	Flag4_YN	1	Not used when Cmtte_Type = B			
	Follow	ing fields used when	Form_	Type = F460 or F450 and Cmtte_Type = G			
42	С	Flag1_YN	1	Sponsored? Value: "Y" or "N"			
43	С	Flag2_YN	1	Small Contributor Committee? Value: "Y" or "N"			
44	С	Flag3_YN	1	Political Party/Central Committee? Value: "Y" or "N"			
45	С	Flag4_YN	1	Not used when Cmtte_Type = G			
#	R{x} C{x}	Field Name	Max Len	Description			
46 47 48	C O O	AmendExp_1 AmendExp_2 AmendExp_3	100 100 100	Amendment Explanation line 1 Amendment Explanation line 2 Amendment Explanation line 3 (Req if Report_Num > 0, and Form_Type = F460, F496, or F497)			



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COVER PAGE LAYOUT FOR DISCLOSURE REPORTS (Continued)

COVER PAGE LAYOUT FOR DISCLOSURE REPORTS - VARIABLE PORTIONS

Note: Remainder of CVR record starting with Field #49 is parsed depending on the value contained Form_Type.

Note: Forms F425, F450, F497 & F498 do not use variable part of CVR layout.

----- Following variable fields used when Form_Type=F401 -----

R{x}		Max	
C{x}	Field Name	Len	Description
Ο	Rpt_Att_CB	1	Committee Report "Attached" check-box
С	Cmtte_ID	9	Committee ID (Filer_ID) of Recipient Committee
С	ReportName	3	Campaign Disclosure Statement - Value: [450 460 461]
С	RptFromDt	8	Campaign Disclosure Statement - Period From Date
С	RptThruDt	8	Campaign Disclosure Statement - Period Through Date
	C{x} O C	C{x} Field Name O Rpt_Att_CB C Cmtte_ID C ReportName C RptFromDt	C(x) Field Name Len O Rpt_Att_CB 1 C Cmtte_ID 9 C ReportName 3 C RptFromDt 8



COVER PAGE LAYOUT FOR DISCLOSURE REPORTS (Continued)

----- Following variable fields used when Form_Type=F461 -----

	R{x}		Max	
#	C{x}	Field Name	Len	Description
49	0	EmplBus_CB	1	Employer/Business info included check-box
50	С	Bus_Name	200	Name of Employer/Business
51	С	Bus_Adr1	55	Employer/Business Street 1
52	0	Bus_Adr2	55	Employer/Business Street 2
53	С	Bus_City	30	Employer/Business City
54	С	Bus_ST	2	Employer/Business State
55	С	Bus_ZIP4	10	Employer/Business ZIP+4
56	С	Bus_Inter	40	Employer/Business Interests
57	0	BusAct_CB	1	Business Activity info included check-box
58	С	BusActvity	90	Business Activity description
59	0	Assoc_CB	1	Association Interests info included check-box
60	С	Assoc_Int	90	Association Interests description
61	0	Other_CB	1	Other Entity Interests info included check-box
62	С	Other_Int	90	Other Entity Interests description

----- Following variable fields used when Form_Type =[F460|465|496] -----

#	R{x} C{x}	Field Name	Max Len	Description
49	R	Cand_NamL	200	Candidate/Officeholder's Last name
50	R	Cand_NamF	45	Candidate/Officeholder's First name
51	0	Cand_NamT	10	Candidate/Officeholder's Prefix or Title
52	0	Cand_NamS	10	Candidate/Officeholder's Suffix
53	R	Cand_Adr1	55	Candidate/Officeholder Street 1
54	0	Cand_Adr2	55	Candidate/Officeholder Street 2
55	R	Cand_City	30	Candidate/Officeholder City
56	R	Cand_ST	2	Candidate/Officeholder State
57	R	Cand_ZIP4	10	Candidate/Officeholder ZIP+4
58	0	Cand_Phon	20	Candidate/Officeholder Phone
59	0	Cand_FAX	20	FAX Phone Number {not mapped to present FPPC forms}
60	0	Cand_Email	60	Email Address {not mapped to present FPPC forms}

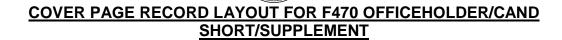


COVER PAGE LAYOUT FOR DISCLOSURE REPORTS (Continued)

#	R{x} C{x}	Field Name	Max Len	Description
61	С	Bal_Name	200	Ballot Measure Name
62	С	Bal_Num	3	Ballot Number or Letter
63	С	Bal_Juris	40	Jurisdiction of Ballot Measure
64	С	Office_Cd	3	Office Sought (See table of code in Overview)
65	С	Offic_Dscr	40	Office Sought Description (Req. if Office_Cd=OTH)
66	С	Juris_Cd	3	Office Jurisdiction Code Values: STW=Statewide; SEN=Senate District; ASM=Assembly District; BOE=Board of Equalization District; CIT=City; CTY=County; LOC=Local; OTH=Other
67	С	Juris_Dscr	40	Office Jurisdiction Description (Req. if Juris_Cd=[CIT CTY LOC OTH]
68	С	Dist_No	3	Office District Number (Req. if Juris_Cd = [SEN ASM BOE]
69	0	Off_S_H_Cd	1	Office Sought/Held Code: H=Held; S=Sought
70	R	Sup_Opp_Cd	1	Support/Oppose? Values: S; O

Note: Additional Cover Page information is found in the CVR2 and CVR3 records. Please refer to these records for additional instructions.

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#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	3	Record Type Value: CVR
02	Rx	Form_Type	4	Type of Filing or Form set. Value: F470
03	Rx	Filer_ID	9	Committee ID number of Filer
04	0	Entity_Cd	3	Values: CAO - Candidate/Office-holder
05 06 07 08	Rx R O O	Filer_NamL Filer_NamF Filer_NamT Filer_NamS	200 45 10 10	Filer's Last name Filer's First name(s) (Required for persons) Filer's Prefix or Title Filer's Suffix
09	Rx	Report_Num	3	Report Number - Values: 000 - Original Report 001-999 - Amended Rpt #1-#999
10	Rx	Rpt_Date	8	Date this report is filed
11 12 13 14 15 16 17	R O R R O O O	Cand_Adr1 Cand_Adr2 Cand_City Cand_ST Cand_ZIP4 Cand_Phon Cand_FAX Cand_Email	55 55 30 2 10 20 20	Street 1 of Filing Candidate/Officeholder Street 2 of Filing Candidate/Officeholder City of Filing Candidate/Officeholder State of Filing Candidate/Officeholder ZIP+4 of Filing Candidate/Officeholder Phone of Filing Candidate/Officeholder FAX Phone Number {not mapped to present FPPC forms} Email Address {not mapped to present FPPC forms}
19 20 21	R C R	Office_Cd Offic_Dscr Juris_Cd	3 40 3	Office Sought (See table of code in Overview) Office Sought Description (Req. if Office_Cd=OTH) Office Jurisdiction Code Values: STW = Statewide; SEN=Senate District; ASM=Assembly District; BOE=Board of Equalization District; CIT=City; CTY=County; LOC=Local; OTH=Other

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COVER PAGE RECORD LAYOUT FOR F470 OFFICEHOLDER/CAND SHORT/SUPPLEMENT (Continue)

#	R{x} C{x} 	Field Name	Max Len 	Description
22	С	Juris_Dscr	40	Office Jurisdiction Descrip (Reg. if Juris_Cd=[CIT CTY LOC OTH]
23	С	Dist_No	3	Office District Number (Req. if Juris_Cd = [SEN ASM BOE]
24	0	Off_S_H_Cd	1	Office Sought/Held Code: H=Held; S=Sought
25	С	Elect_Date	8	Date of the General Election (Req. in even years)
26	0	Date_1000	8	Date Contribs Totaling 1,000 or more Received

Code F470/Part-4 Name/Addr info for Related Committees on CVR2 records with CVR2.Entity_Cd=['COM'|'CTL'|'RCP'].



<u>COVER PAGE - {{2} ADDITIONAL NAMES/COMMITTEES SECTION} RECORD LAYOUT</u>

Document Id: CAL format 2.01

#	R{x} C{x}	Field Name	Max Len 	Description
01	Rx	Rec_Type	4	Record Type Value: CVR2
02	Rx	Form_Type	4	Form_Type (must equal Form_Type in CVR record) Values: F425; F450; F460; F465; F470; {F400; F410 - See Section 2}; {F625; F635 - See Section 3}; {F601; F602; F603 - See Section 4}
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item

Note: Remainder of CVR2 record is parsed depending on value of Form_Type.

See Section 2 for CVR2 layouts used with F400 & F410 filings.

See Section 3 for CVR2 layouts used with F625 & F635 filings.

See Section 4 for CVR2 layouts used with F601, F602 & F603 filings.

Code F425/Part-1 & F450/Part-3 Name/Address info for Assistant Treasurer on CVR2 records with CVR2.Entity_Cd='ATR'.

- Code F460 Name/Addr info for Assistant Treasurer on CVR2 records with CVR2.Entity_Cd='ATR' and CVR2.F460_Part='3'.
- Code ADDITIONAL F460/Part-5a Officeholder/Candidate info on CVR2 records with CVR2.Entity_Cd='CAO' and CVR2.F460_Part='5a'.
- Code F460/Part-5b Name/Addr info for Related Committees on CVR2 records with CVR2.Entity_Cd=['COM'|'CTL'|'RCP'] and CVR2.F460_Part='5b'.
- Code ADDITIONAL F460/Part-6a Ballot Measure info on CVR2 records with CVR2.Entity_Cd='BNM' and CVR2.F460_Part='6a'.
- Code F460/Part-6b Officeholder/Candidate/Proponent info on CVR2 records with CVR2.Entity_Cd=['CAO'|'PRO'] and CVR2.F460_Part='6b'.
- Code F460/Part-7 Name/Addr info for Candidate/Officeholder on CVR2 records with CVR2.Entity_Cd='CAO' and CVR2.F460_Part='7'.

Code F465/Part-5 Name/Addr info for Filing Officers on CVR2 records with CVR2.Entity_Cd='OFF'.

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----- Following variable F465 {Part V} fields used when Form_Type=F465 -----

#	R{x} C{x}	Field Name	Max Len	Description
04	0	Entity_Cd	3	Values: CAO - Candidate/Officeholder POF - Principal (filing) officer
05 06 07 08 09 10	R R O R R R	Title Mail_Adr1 Mail_Adr2 Mail_City Mail_ST Mail_ZIP4	90 55 55 30 2 10	Official Title of Filing Officer Address Optional 2nd line of Address City State code Zip+4

----- Following fields used for F425 Part/1; F450 Part/3; F460 (Parts 3, 5a,

^{----- 5}b, 6a, 6b & 7) and F470/Part IV when Form_Type=[F425|F450|F460|F470].

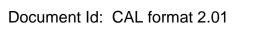
#	R{x} C{x}	Field Name	Max Len 	Description
04	Rx	Entity_Cd	3	Values: ATR - Assistant Treasurer (F425-P1, F450-P3, F460-P3) CAO - Cand/Officeholder (F460-P5a*, F460-P6b, F460-P7) COM - Committee (F460-P5b & F470-P4) CTL - Controlled Cmtte (F460-P5b & F470-P4) RCP - Recipient Cmtte (F460-P5b & F470-P4) PRO - Proponent (F460-P6b) BNM - Ballot Measure (F460-P6a*)

^{*} **Note:**CVR2 record(s) used for ADDITIONAL entries on F460 Part-5a and F460 Part-6a (if any).

05	Cx	F460_Part	2	Part of 460 cover page coded on this CVR2
				record. Values: 3, 5a, 5b, 6a, 6b, or 7.
				(Req on F460 filings)

Note: 5a/5b & 6a/6b are "top/bottom" of Parts 5 & 6

06 C Cmte_ID 9 Committee ID (Req. when Entity_Cd = [COM|CTL|RCP)



COVER PAGE - {{2} ADDITIONAL NAMES/COMMITTEES SECTION} RECORD LAYOUT

	$R\{x\}$		Max	
#	C{x}	Field Name	Len	Description
07	R	Enty_NamL	200	Entity [Last] Name (Committee, Candidate, etc.)
80	С	Enty_NamF	45	Entity's First name (Req. when Entity_Cd = CAO)
09	0	Enty_NamT	10	Entity's Prefix or Title
10	0	Enty_NamS	10	Entity's Suffix
11	С	Enty_Adr1	55	Street 1 of Filing Committee
12	0	Enty_Adr2	55	Street 2 of Filing Committee
13	C	Enty_City	30	City of Filing Committee
14	C	Enty_ST	2	State of Filing Committee
15	C	Enty_ZIP4	10	ZIP+4 of Filing Committee
16	Ö	Enty_Phon	20	Phone of Filing Committee
17	Ö	Enty_FAX	20	FAX Phone Number {not mapped to present
				FPPC forms}
18	0	Enty_Email	60	Email Address (not mapped to present FPPC forms)
19	С	Tres_NamL	200	Treasurer's Last name
20	С	Tres_NamF	45	Treasurer's First name
21	0	Tres_NamT	10	Treasurer's Prefix or Title
22	0	Tres_NamS	10	Treasurer's Suffix
23	С	Control_YN	1	Controlled Committee? Yes/No (Req. on F460/P4)
24	С	Office_Cd	3	Office Sought (See table of code in Overview)
25	С	Offic_Dscr	40	Office Sought Description (Req. if Office_Cd = OTH)
26	С	Juris_Cd	3	Office Jurisdiction Code Values: STW=Statewide; SEN=Senate District;
				ASM=Assembly District; BOE=Board of Equalization District; CIT=City;
				CTY=County; LOC=Local; OTH=Other
27	С	Juris_Dscr	40	Office Jurisdiction Descrip (Req. if Juris_Cd=[CIT CTY LOC OTH]
28	С	Dist_No	3	Office District Number (Req. if Juris_Cd = [SEN ASM BOE]

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#	R{x} C{x}	Field Name	Max Len 	Description
29	C C C C C	Off_S_H_Cd	1	Office Sought/Held Code: H=Held; S=Sought
30		Bal_Name	200	Ballot Measure Name
31		Bal_Num	7	Ballot Number or Letter
32		Bal_Juris	40	Jurisdiction
33		Sup_Opp_Cd	1	Support/Oppose? Values: S; O

COVER PAGE (VERIFICATION INFORMATION) RECORD LAYOUT

#	R{x} C{x}	Field Name	Max Len	Description	
01	Rx	Rec_Type	4	Record Type Value: CVR3	
02	Rx	Form_Type	4	Form_Type (must equal Form_Type in CVR record) Values: F401; F425; F450; F460; F461; F465; F470.	
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item	
04	Rx	Entity_Cd	3	Values: TRE - Treasurer ATR - Assistant Treasurer CAO - Candidate/Office-holder OFF - Officer (Responsible) PRO - Proponent (F460 - Bal Measure Cmtte) SPO - Sponsor (F460 - Gen Purpose Cmtte)	
05	R	Sig_Date	8	Date when signed	
06	0	Sig_Loc	45	City and State where signed	
07 08 09 10	R R O O	Sig_NamL Sig_NamF Sig_NamT Sig_NamS	200 45 10 10	Signer's "as signed" Last name Signer's "as signed" First name Signer's "as signed" Prefix or Title Signer's "as signed" Suffix	



CONTRIBUTION INFORMATION (a.k.a.. Form 495; Part II)

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	4	Record Type Value: F495
02	Rx	Form_Type	4	Form_Type (must equal Form_Type in CVR record) Values: F450; F460
03	R	Elect_Date	8	Date of the Election (same as on CVR rec)
04	Rx	ElectJuris	40	Jurisdiction of the Election
05	Rx	ContribAmt	12	Contribution Amount (6mos prior - 17days before)

SUMMARY TOTALS RECORD LAYOUT

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	4	Record Type Value: SMRY
02	Rx	Form_Type	8	Name of Filing Form or Schedule Name
03	Rx	Line_Item	8	Line Number of Summary Total
04	0	Amount_A	12	Summary Amount - (Column A on some forms, and Total to Date when Line_Item = 22A thru 22Z)
05	Ο	Amount_B	12	Summary Amount - Column B
06	0	Amount_C	12	Summary Amount - Column C (Column C Not Used in F460)
07	0	Elec_Dt	8	Date of Election

Note: Amount(s) may have a null or zero value if there is no dollar total to be conveyed. SMRY records with null/zero Amount(s) do not have to be coded within a filing. Amount(s) are assumed to be zero in the absence of a SMRY record. Please leave ExpLimt_Line and Elec_Dt null when not applicable. (Trailing Commas are not required).



Date: 11/05/2001

Examples:

F460 SMRY records (when needed) are coded with these Form_Type/Line# values:

SMRY line	<u>through</u>	SMRY line
SMRY,F460,1,Amt_A,Amt_B,	\rightarrow	SMRY,F460,11,Amt_A,Amt_B
SMRY,F460,12,Amt_A	\rightarrow	SMRY,F460,19,Amt_A
SMRY,F460,20,Amt_A,Amt_B	\rightarrow	SMRY,F460,21,Amt_A,Amt_B
SMRY,F460,22A,Amt_A,,,Elec_Dt	\rightarrow	SMRY,F460,22Z,Amt_A,,,Elec_Dt
SMRY,A,1,Amt_A	\rightarrow	SMRY,A,3,Amt_A
SMRY,B1,1,Amt_A	\rightarrow	SMRY,B1,3,Amt_A
SMRY,C,1,Amt_A	\rightarrow	SMRY,C,3,Amt_A
SMRY,D,1,Amt_A	\rightarrow	SMRY,D,3,Amt_A
SMRY,E,1,Amt_A	\rightarrow	SMRY,E,4,Amt_A
SMRY,F,1,Amt_A	\rightarrow	SMRY,F,3,Amt_A
SMRY,H,1,Amt_A	\rightarrow	SMRY,H,3,Amt_A
SMRY,I,1,Amt_A	\rightarrow	SMRY,I,4,Amt_A

F450 SMRY records (when needed) are coded with these Form_Type/Line# values:

SMRY line	<u>through</u>	SMRY line
SMRY,F450,1,Amt_A	\rightarrow	SMRY,F450,15,Amt_A

F461 SMRY records (when needed) are coded with these Form_Type/Line# values:

SMRY line	<u>through</u>	SMRY line
SMRY,F461,1,Amt_A	\rightarrow	SMRY,F461,5,Amt_A



Date: 11/05/2001

F465 SMRY records (when needed) are coded with these Form_Type/Line# values:

 SMRY line
 through
 SMRY line

 SMRY,F465,1,Amt_A
 →
 SMRY,F465,3,Amt_A

F401 SMRY records (when needed) are coded with these Form_Type/Line# values:

SMRY line	<u>through</u>	SMRY line
SMRY,F401,1,Amt_A,Amt_B	\rightarrow	SMRY,F401,2,Amt_A,Amt_B
SMRY,401A,1,Amt_A	\rightarrow	SMRY,401A,3,Amt_A
SMRY,401B,1,Amt_A	\rightarrow	SMRY,401B,3,Amt_A
SMRY,401B-1,0,Amt_A	{B-1 has no line	#, code a '0' (zero)}

RECEIPTS SCHEDULES (A, C, I, and F401A)

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	4	Record Type Value: RCPT
02	Rx	Form_Type	6	Sched Name: A = Sched A / Monetary; C = Sched C / Non-monetary; I = Sched I / Misc. to Cash; F401A = Payments Received F496P3 = Contributions of \$100 or More Received
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item
04	R	Entity_Cd	3	Values: [COM RCP] - Recipient Committee IND - Individual; OTH - Other (e.g. a Bus, Cmtte, Org,) PTY - Political Party; (F496P3 & F460) SCC - Small Contributor Committee (F496P3 & F460)
05 06	C	Ctrib_NamL Ctrib_NamF	200 45	Contributor's Last name Contributor's First name



Date: 11/05/2001

RECEIPTS SCHEDULES (A, C, I, and F401A) (Continue)

	$R\{x\}$		Max	
#	C{x}	Field Name	Len	Description
07	0	Ctrib_NamT	10	Contributor's Prefix or Title
80	0	Ctrib_NamS	10	Contributor's Suffix
09	С	Ctrib_Adr1	55	Address of Contributor
10	0	Ctrib_Adr2	55	Optional 2nd line of Address
11	С	Ctrib_City	30	City
12	С	Ctrib_ST	2	State code
13	С	Ctrib_ZIP4	10	Zip+4
14	С	Ctrib_Emp	200	Employer (Sched A, C - Req. if Entity = 'IND')
15	С	Ctrib_Occ	60	Occupation (Sched A, C - Req. if Entity = 'IND')
16	0	Ctrib_Self	1	Check Box: Self Employed?
17	0	Tran_Type	1	Transaction Type - Values:
		• •		F = Forgiven Loan;
				I = Intermediary;
				R = Returned (Negative Amount?);
				T = Third Party Repayment;
				X = Transfer

When Tran_Type = X

#	R{x} C{x}	Field Name	Max Len	Description	
18	R	Trans_Date	8	Date of Transfer	
19	R	Contr_Date	8	Original Date of Contribution	
All other Tran_Type's					
#	R{x} C{x} 	Field Name	Max Len 	Description	
# 18	, ,	Field Name Rcpt_Date		Description Date item Received (or Begin date of date range)	



RECEIPTS SCHEDULES (A, C, I, and F401A) (Continue)

#	R{x} C{x}	Field Name	Max Len 	Description
21	С	Cum_YTD	12	Cumulative YTD Amount (Sched A, 401A)
22 23	C C	Hold_Amount Ctrib_Dscr	12 90	(Not used at this time) Description of Goods/Services Rcvd. (Sched C, I)
24	С	Cmte_ID	9	Committee ID (If [COM RCP] & no ID#, Treas info Req.)
25	С	Tres_NamL	200	Treasurer's Last name (Reg if [COM RCP] & no ID#)
26	С	Tres_NamF	45	Treasurer's First name (Req if [COM RCP] & no ID#)
27	0	Tres_NamT	10	Treasurer's Prefix or Title
28	0	Tres_NamS	10	Treasurer's Suffix
29	С	Tres_Adr1	55	Treasurer Street 1
				(Req if [COM RCP] & no ID#)
30	0	Tres_Adr2	55	Treasurer Street 2
31	Č	Tres_City	30	Treasurer City
32	C	Tres_ST	2	Treasurer State
33	С	Tres_ZIP4	10	Treasurer Phone
	ntormo	dian, fielde (letr. Ne	ml In	tr Solf) do not apply to E404A
34	O	Intr NamL	200	tr_Self) do not apply to F401A Intermediary's/Transfer Last name
35	Ö	Intr_NamF	45	Intermediary's/Transfer First name
36	Ö	Intr_NamT	10	Intermediary's/Transfer Prefix or Title
37	Ö	Intr_NamS	10	Intermediary's/Transfer Suffix
38	Č	Intr_Adr1	55	Intermediary/Transfer Street 1
39	0	Intr_Adr2	55	Intermediary/Transfer Street 2
40	С	Intr_City	30	Intermediary/Transfer City
41	С	Intr_ST	2	Intermediary/Transfer State
42	С	Intr_ZIP4	10	Intermediary/Transfer ZIP+4
43	С	Intr_Emp	200	Employer (Sched A, C)
44	C	Intr_Occ	60	Occupation (Sched A, C)
45	0	Intr_Self	1	Check Box: Self Employed?





RECEIPTS SCHEDULES (A, C, I, and F401A) (Continue)

#	R{x} C{x}	Field Name	Max Len	Description
	Fields 4	46 - 59 used on F40 ⁻	1A	
46 47 48 49 50 51	C C O O C C	Cand_NamL Cand_NamF Cand_NamT Cand_NamS Office_Cd Offic_Dscr	200 45 10 10 3 40	Candidate's Last name Candidate's First name Candidate's Prefix or Title Candidate's Suffix Office Sought (See table of code in Overview) Office Sought Description (Req. if Office_Cd=OTH)
52	С	Juris_Cd	3	Office Jurisdiction Code Values: STW=Statewide; SEN=Senate District; ASM=Assembly District; BOE=Board of Equalization District; CIT=City; CTY=County; LOC=Local; OTH=Other
53	С	Juris_Dscr	40	Office Jurisdiction Descrip (Req. if Juris_Cd=[CIT CTY LOC OTH]
54	С	Dist_No	3	Office District Number (Req. if Juris_Cd=[SEN ASM BOE]
55 56 57 58 59	0 0 0 0 C	Off_S_H_Cd Bal_Name Bal_Num Bal_Juris Sup_Opp_Cd	1 200 7 40 1	Office Sought/Held Code: H=Held; S=Sought Ballot Measure Name Ballot Number or Letter Jurisdiction Support/Oppose? Values: S; O (F401)
60	0	Memo_Code	1	Memo Amount
61	Ο	Memo_RefNo	20	(Date/Amount are informational only) Reference to text contained in a TEXT record.
62	0	BakRef_TID	20	Back Reference to a Tran_ID of a "parent" record
63	0	XRef_SchNm	2	Related item is included on Sched 'B2' or 'F'

Docu	ment lo	d: CAL format 2.01		Date: 11/05/2001
64	0	XRef_Match	1	X = Related item on other Sched has same Tran ID
65	С	Int_Rate	6	Loan Interest Rate (F496P3 Only)
66	Сх	Int_CmteId	9	Committee Id for Transfer or Intermediary (Required when Tran_Type = X)

Note: To disclose the Per Election to Date information, please refer to the "SPLT" record found in this document.



EXPENDITURE SCHEDULES (D, E, G, F450P5, F461P5, F465P3)

R{x} C{x}	Field Name	Max Len 	Description
Rx	Rec_Type	4	Record Type Value: EXPN
Rx	Form_Type	6	Schedule Name/ID Values: D = Sched D / Summary of Expend Sup/Opp E = Sched E / Expenditures/Payments made G = Sched G / Payments made on Behalf F450P5 = F450 / Part 5 Exp & Contrib made; F461P5 = F461 / Part 5 Exp & Contrib made F465P3 = F465 / Independent Expenditures Made
Rx	Tran_ID	20	Transaction ID - permanent value unique to this item
R	Entity_Cd	3	Values: [COM RCP] - Recipient Committee; IND - Individual; OTH - Other
00000000	Payee_NamL Payee_NamF Payee_NamT Payee_NamS Payee_Adr1 Payee_Adr2 Payee_City Payee_ST Payee_ZIP4	200 45 10 10 55 55 30 2 10	Payee's Last name Payee's First name Payee's Prefix or Title Payee's Suffix Address of Payee Optional 2nd line of Address City State code Zip+4
С	Expn_Date	8	Date of Expenditure (Note: Date not on Sched E & G)
R C	Amount Cum_YTD	12 12	Amount of Payment Cumulative / YTD Amt (No Cumulatives on Sched E & G)
C O	Hold_Amount Expn_ChkNo	12 20	(Not used at this time) Check Number (Optional)
	C{x} Rx Rx Rx CCOOCCC C RC C	C{x} Field Name	C(x) Field Name Len Rx Rec_Type 4 Rx Form_Type 6 Rx Tran_ID 20 R Entity_Cd 3 C Payee_NamL 200 C Payee_NamF 45 O Payee_NamT 10 O Payee_NamS 10 C Payee_Adr1 55 O Payee_Adr2 55 C Payee_City 30 C Payee_ST 2 C Payee_ZIP4 10 C Expn_Date 8 R Amount 12 C Cum_YTD 12 C Hold_Amount 12





EXPENDITURE SCHEDULES (D, E, G, F450P5, F461P5, F465P3) (Cont.)

#	R{x} C{x}	Field Name	Max Len	Description		
19	С	Expn_Code	3	Expense Code - Values: (Refer to list in Overview)		
	Note:	CTB (if non-moneta	ary) & I	ND need explanation & listing on Sched D.		
20	С	Expn_Dscr	400	Purpose of Expense and/or Description / explanation		
21	С	Agent_NamL	200	Agent or Ind. Contractor's Last name (Sched G)		
22	С	Agent_NamF	45	Agent or Ind. Contractor's First name		
23	0	Agent_NamT	10	Agent or Ind. Contractor's Prefix or Title		
24	0	Agent_NamS	10	Agent or Ind. Contractor's Suffix		
Fields 25 - 34 are NOT used on F460/Sched D						
25	С	Cmte_ID	9	Committee ID (If [COM RCP] & no ID#, Treas info Req.)		
26	С	Tres_NamL	200	Treasurer's Last name (Reg if [COM RCP] & no ID#)		
27	С	Tres_NamF	45	Treasurer's First name (Reg if [COM RCP] & no ID#)		
28	0	Tres_NamT	10	Treasurer's Prefix or Title		
29	0	Tres_NamS	10	Treasurer's Suffix		
30	С	Tres_Adr1	55	Treasurer Street 1		
				(Req if [COM RCP] & no ID#)		
31	0	Tres_Adr2	55	Treasurer Street 2		
32	С	Tres_City	30	Treasurer City		
33	С	Tres_ST	2	Treasurer State		
34	С	Tres_ZIP4	10	Treasurer ZIP+4		
[Fields 3	35 - 48 used on F450)/Part5	, F460/Sched D & F461/Part5		
35	С	Cand_NamL	200	Candidate's Last name		
36	С	Cand_NamF	45	Candidate's First name		
37	0	Cand_NamT	10	Candidate's Prefix or Title		
38	Ο	Cand_NamS	10	Candidate's Suffix		
39	С	Office_Cd	3	Office Sought (See table of code in Overview)		
40	С	Offic_Dscr	40	Office Sought Description (Req. if Office_Cd=OTH)		



EXPENDITURE SCHEDULES (D, E, G, F450P5, F461P5, F465P3) (Cont.)

#	R{x} C{x}	Field Name	Max Len	Description
41	С	Juris_Cd	3	Office Jurisdiction Code Values: STW=Statewide; SEN=Senate District; ASM=Assembly District; BOE=Board of Equalization District; CIT=City; CTY=County; LOC=Local; OTH=Other
42	С	Juris_Dscr	40	Office Jurisdiction Description (Req. if Juris_Cd=[CIT CTY LOC OTH]
43	С	Dist_No	3	Office District Number (Req. if Juris_Cd=[SEN ASM BOE]
44 45 46 47 48	0 0 0 0 C	Off_S_H_Cd Bal_Name Bal_Num Bal_Juris Sup_Opp_Cd	1 200 7 40 1	Office Sought/Held Code: H=Held; S=Sought Ballot Measure Name Ballot Number or Letter Jurisdiction Support/Oppose Values: S; O (F450, F461, F465)
49	0	Memo_Code	1	Memo Amount? (Date/Amount are informational only)
50	0	Memo_RefNo	20	Reference to text contained in a TEXT record.
51	0	BakRef_TID	20	Back Reference to a Tran_ID of a "parent" record
52	0	G_From_E_F	1	Back Reference from Sched G to Sched 'E' or 'F'.
53 54	0	XRef_SchNm XRef_Match	2	Related item is included on Sched 'C' or 'H2' X = Related item on other Sched has same Tran_ID

Note: To disclose the Per Election to Date information, please refer to the "SPLT" record found in this document.





ACCRUED EXPENSES (UNPAID BILLS) SCHEDULE (F)

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	4	Record Type Value: DEBT
02	Rx	Form_Type	1	Schedule Name/ID Value: F = Sched F / Accrued Expenses
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item
04	R	Entity_Cd	3	Values: [COM RCP] - Recipient Committee; IND - Individual; OTH - Other
05 06 07 08 09 10 11 12	R C O O R O R R R	Payee_NamL Payee_NamF Payee_NamT Payee_NamS Payee_Adr1 Payee_Adr2 Payee_City Payee_ST Payee_ZIP4	200 45 10 10 55 55 30 2 10	Payee's Last name Payee's First name Payee's Prefix or Title Payee's Suffix Address of Payee Optional 2nd line of Address City State code Zip+4
14	R	Beg_Bal	12	Outstanding balance at beginning of this period
15	С	Amt_Incur	12	Amount incurred this period
16	С	Amt_Paid	12	Amount paid this period
17	С	End_Bal	12	Outstanding balance at close of this period
18	С	Expn_Code	3	Expense Code - Values: (Refer to list in Overview)
	Note:	CTB (when non-mo	netary)	& IND need explanation & listing on Sched D.
19	С	Expn_Dscr	400	Purpose of Expense and/or Description / explanation
20	С	Cmte_ID	9	Committee ID (If [COM RCP] & no ID#, Treas info Req.)



Date: 11/05/2001

ACCRUED EXPENSES SCHEDULE (Continued)

	$R\{x\}$		Max	
#	C{x}	Field Name	Len	Description
21	С	Tres_NamL	200	Treasurer's Last name (Req if [COM RCP] & no ID#)
22	С	Tres_NamF	45	Treasurer's First name (Req if [COM RCP] & no ID#)
23	0	Tres_NamT	10	Treasurer's Prefix or Title
24	0	Tres_NamS	10	Treasurer's Suffix
25	С	Tres_Adr1	55	Treasurer Street 1 (Req if [COM RCP] & no ID#)
26	0	Tres_Adr2	55	Treasurer Street 2
27	С	Tres_City	30	Treasurer City
28	С	Tres_ST	2	Treasurer State
29	С	Tres_ZIP4	10	Treasurer ZIP+4
30	0	Memo_Code	1	Memo Amount? (Date/Amount are informational only)
31	0	Memo_RefNo	20	Reference to text contained in a TEXT record.
32	0	BakRef_TID	20	Back Reference to a Tran_ID of a "parent" record
33 34	0	XRef_SchNm XRef_Match	2 1	Related item is included on Sched 'C' X = Related item on other Sched has same Tran_ID



Date: 11/05/2001

LOAN SCHEDULES / RECEIVED (B1, B2) & MADE (H)

#	R{x} C{x}	Field Name	Max Len	Description
01 02	Rx Rx	Rec_Type Form_Type	4 2	Record Type Value: LOAN Schedule Name/ID Values: B1 = Sched B Part 1/ Loans Received; B2 = Sched B Part 2/ Loan Guarantors;
03	Rx	Tran_ID	20	H = Sched H, / Loans Made Transaction ID - permanent value unique to this item
04	С	Loan_TYPE	3	(Not used) Please leave null.
05	С	Entity_Cd	3	Values: [COM RCP] - Recipient Committee; (Req. on B1, and B2, not used on Sched. H); IND - Individual; OTH - Other; PTY - Political Party; SCC - Small Contributor Committee
06 07 08 09 10 11 12 13	R C O O R R R R R	Lndr_NamL Lndr_NamF Lndr_NamT Lndr_NamS Loan_Adr1 Loan_Adr2 Loan_City Loan_ST Loan_ZIP4	200 45 10 10 55 55 30 2 10	Lender's Last name Lender's First name (if a person) Lender's Prefix or Title Lender's Suffix Address Line 1 Address Line 2 City State Code ZIP+4
Sche	dule B	Part 1 (B1)		
15 16 17 18 19 20 21 (Rem	R R C C C R naining	Loan_Date1 Loan_Date2 Loan_Amt1 Loan_Amt2 Loan_Amt3 Loan_Amt4 Loan_Rate Loan Amounts found	8 8 12 12 12 12 30 d in field	Date Loan Incurred (Original Date) Date Due (Date Loaned Due) Loan Amount (Amount Received this Period) Outstanding Balance Cumulative Cont. to date(Calendar Year) Outstanding Balance Beg. this Period Interest Rate Paid This Period ds 49 through 54 of this Schedule)



Date: 11/05/2001

LOAN SCHEDULES / RECEIVED & MADE (Continued)

#	R{x} C{x}	Field Name	Max Len	Description
Sched	dule B l	Part 2 (B2)		
19 20 21	C N/A C	Loan_Date1 Loan_Date2 Loan_Amt1 Loan_Amt2 Loan_Amt3 Loan_Amt4 Loan_Rate Loan Amounts found	12 12 30	Cumulative To Date (Calendar Year Amnt)
Sched	dule H;	definitions (H)		
15 16 17 18 19 20 21 (Rem 22 23 24	R R C C C R aining I C C	Loan_Date1 Loan_Date2 Loan_Amt1 Loan_Amt2 Loan_Amt3 Loan_Amt4 Loan_Rate Loan Amounts found Loan_EMP Loan_OCC Loan_Self	30	Date Loan Made (Original Date) Date Loan Due Amount Loaned This Period Outstanding Balance at Close of this Period Cumulative Loans to Date (Calendar Year) Outstanding Balance Beginning this Period Interest Received Rate ds 49 through 54 of this Schedule) Employer (If Sched B1, or Sched H) Occupation (If Sched B1, or Sched H) Check Box: Self Employed?(Sched B1 & H)
		_	-	Sched B1 & B2
25	С	Cmte_ID	9	Committee ID (If [COM RCP] & no ID#, Treas info Req.)
26	С	Tres_NamL	200	Treasurer's Last name (Reg if B1 or B2 [COM RCP] & no ID#)
27	С	Tres_NamF	45	Treasurer's First name (Req if B1 or B2 [COM RCP] & no ID#)
28 29 30	O O C	Tres_NamT Tres_NamS Tres_Adr1	10 10 55	Treasurer's Prefix or Title Treasurer's Suffix Treasurer Street 1 (Req if B1 or B2 [COM RCP] & no ID#)



Date: 11/05/2001

LOAN SCHEDULES / RECEIVED & MADE (Continued)

#	R{x} C{x}	Field Name	Max Len	Description
31 32 33 34	O C C	Tres_Adr2 Tres_City Tres_ST Tres_ZIP4	55 30 2 10	Treasurer Street 2 Treasurer City Treasurer State Treasurer ZIP+4
	- Follo	wing field used on S	ched E	Part 2 for Lender
35	0	Lender_Name	200	Lenders Name
Intermediary information				
35 36 37 38 39 40 41 42 43	0000000000	Intr_NamL Intr_NamF Intr_NamT Intr_NamS Intr_Adr1 Intr_Adr2 Intr_City Intr_ST Intr_ZIP4 Memo_Code	200 45 10 10 55 55 30 2 10	Intermediary's Last name Intermediary's First name Intermediary's Prefix or Title Intermediary's Suffix Intermediary Street 1 Intermediary Street 2 Intermediary City Intermediary State Intermediary ZIP+4 Memo Amount? (Date/Amount are informational only)
45	0	Memo_RefNo	20	Reference to text contained in a TEXT record.
46	0	BakRef_TID	20	Back Reference to a Tran_ID of a "parent" record
47 48	0	XRef_SchNm XRef_Match	2	Related item is included on Sched 'A' or 'E' 'X' = Related item on other Sched has same Tran_ID



Date: 11/05/2001

LOAN SCHEDULES / RECEIVED & MADE (Continued)

Schedule B Part 1 (B1) & Part 2 (B2) ------

Note: Fields 49, 50, 51 and 52 are not used in (B2)

#	R{x} C{x}	Field Name	Max Len	Description
49 50 51 52	C C C C	Loan_Amt5 Loan_Amt6 Loan_Amt7 Loan_Amt8	12 12 12 12	Amount Paid this Period(B1 only) Amount Forgiven this Period (B1 only) Amount of Interest Paid this Period(B1 only) Original Amount of Loan(B1 only)
Sche	dule H			
49 50 51 52	C C C	Loan_Amt5 Loan_Amt6 Loan_Amt7 Loan_Amt8	12 12 12 12	Amount Paid this Period Amount Forgiven this Period Amount of Interest Received this Period Original Amount of Loan

Note: To disclose the Per Election to Date information, please refer to the "SPLT" record found in this document.





Form 401 Payment & Other Disclosure Sched (F401B, F401B-1, F401C, F401D)

#	R{x} C{x}	Field Name	Max Len	Description
01 02	Rx Rx	Rec_Type Form_Type	4 7	Record Type Value: S401 Sched Name: F401B = Payments Made F401B-1 = Payments Made in Behalf of F401C = Persons Receiving \$1000 + F401D = Cand/Measure not on Sched F401A
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item
04 05 06 07	C 0 0	Agent_NamL Agent_NamF Agent_NamT Agent_NamS	200 45 10 10	Agent's Last name (401B-1) Agent's First name Agent's Prefix or Title Agent's Suffix
08 09 10 11 12 13 14 15 16 17 18	00000000000	Payee_NamL Payee_NamF Payee_NamS Payee_NamS Payee_Adr1 Payee_Adr2 Payee_City Payee_ST Payee_ZIP4 Amount Aggregate Expn_Dscr	200 45 10 10 55 55 30 2 10 12 12 90	Payee's Last name Payee's First name Payee's Prefix or Title Payee's Suffix Address Optional 2nd line of Address City State code Zip+4 Amount (Sched F401B, F401B-1, F401C) Aggregate YTD Amount (Sched F401C) Purpose of Expense and/or Description
I	Fields	20 - 33 used on F40	1D	
20 21 22 23 24 25	C C O O C C	Cand_NamL Cand_NamF Cand_NamT Cand_NamS Office_Cd Offic_Dscr	200 45 10 10 3 40	Candidate's Last name Candidate's First name Candidate's Prefix or Title Candidate's Suffix Office Sought (See table of code in Overview) Office Sought Description (Req. if Office_Cd=OTH)



Date: 11/05/2001

#	R{x} C{x}	Field Name	Max Len	Description
26	С	Juris_Cd	3	Office Jurisdiction Code Values: STW=Statewide; SEN=Senate District; ASM=Assembly District; BOE=Board of Equalization District; CIT=City; CTY=County; LOC=Local; OTH=Other
27	С	Juris_Dscr	40	Off. Juris. Description (Req. if Juris_Cd=[CIT CTY LOC OTH]
28	С	Dist_No	3	Office District Number (Req. if Juris_Cd=[SEN ASM BOE]
29 30 31 32 33	0 0 0 0 C	Off_S_H_Cd Bal_Name Bal_Num Bal_Juris Sup_Opp_Cd	1 200 7 40 1	Office Sought/Held Code: H=Held; S=Sought Ballot Measure Name Ballot Number or Letter Jurisdiction Support/Oppose? Values: S; O (F401)
34	0	Memo_Code	1	Memo Amount?
35	0	Memo_RefNo	20	(Date/Amount are informational only) Reference to text contained in a TEXT record.
36	0	BakRef_TID	20	Back Reference to a Tran_ID of a "parent" record



Form 496 Late Independent Expenditures Made

Date: 11/05/2001

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	4	Record Type Value: S496
02	Rx	Form_Type	4	Schedule Name/ID Value: F496 = Independent Expenditures Made
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item
04	С	Amount	12	Expenditure Amount
05	С	Exp_Date	8	Expenditure Date (Begin date of date range for Items paid)
06	Ο	Date_Thru	8	End-date of date range for Items paid
07	С	Expn_Dscr	90	Purpose of Expenditure and/or Description
08	0	Memo_Code	1	Memo Amount?
09	0	Memo_RefNo	20	(Date/Amount are informational only) Reference to text contained in a TEXT record.



Form 497 Late Contributions Received/Made

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	4	Record Type Value: S497
02	Rx	Form_Type	6	Schedule Name/ID Value: F497P1 = Late Contribution Received Value: F497P2 = Late Contribution Made
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item
04	Rx	Entity_Cd	3	Values: CAO - Candidate/Office-holder (F497P2) BNM - Ballot Measure (F497P2) [COM RCP] - Recipient Committee IND - Individual; OTH - Other (e.g. a Bus, Cmtte, Org,) PTY - Political Party SCC - Small Contributor Committee
05 06 07 08 09 10 11 12	R C O O C O C C C	Enty_NamL Enty_NamF Enty_NamT Enty_NamS Enty_Adr1 Enty_Adr2 Enty_City Enty_ST Enty_ZIP4	200 45 10 10 55 55 30 2 10	Contributor/Recipient's Last name Contributor/Recipient's First name Contributor/Recipient's Prefix or Title Contributor/Recipient's Suffix Address of Contributor/Recipient Optional 2nd line of Address City State code Zip+4
14	С	Ctrib_Emp	200	Employer (School A. C. D. Bog, if Entity - 'IND')
15	С	Ctrib_Occ	60	(Sched A, C, D - Req. if Entity = 'IND') Occupation (Schod A, C, D, Req. if Entity = 'IND')
16	0	Ctrib_Self	1	(Sched A, C, D - Req. if Entity = 'IND') Check Box: Self Employed?
17 18	C R	Elec_Date Ctrib_Date	8 8	Date of Election (Req. if P2) Date item Received/Made (Begin date of date range for Items received)
19	0	Date_Thru	8	End-date of date range for Items received



Date: 11/05/2001

Form 497 Late Contributions Received/Made (Continued)

# 20	R{x} C{x} R	Field Name Amount	Max Len 12	Description Amount Received/Made
21	С	Cmte_ID	9	Committee ID (Req. if Entity_Cd=[CAO RCP] (Absolutely Req. on F497P2 when[CAO RCP].)
22 23 24 25 26 27 28	00000 C	Cand_NamL Cand_NamF Cand_NamT Cand_NamS Office_Cd Offic_Dscr Juris_Cd	200 45 10 10 3 40 3	Candidate's Last name Candidate's First name Candidate's Prefix or Title Candidate's Suffix Office Sought (See table of code in Overview) Office Sought Description (Req. if Office_Cd=OTH) Office Jurisdiction Code Values: STW=Statewide; SEN=Senate District; ASM=Assembly District; BOE=Board of Equalization District; CIT=City; CTY=County; LOC=Local; OTH=Other
29	С	Juris_Dscr	40	Office Jurisdiction Description (Req. if Juris_Cd=[CIT CTY LOC OTH])
30	С	Dist_No	3	Office District Number (Req. if Juris_Cd=[SEN ASM BOE])
31	0	Off_S_H_Cd	1	Office Sought/Held Code: H=Held; S=Sought
32 33 34	0 0 0	Bal_Name Bal_Num Bal_Juris	200 7 40	Ballot Measure Name Ballot Number or Letter Jurisdiction
35 36	0	Memo_Code Memo_RefNo	1 20	Memo Amount? (Date/Amount are informational only) Reference to text contained in a TEXT record.



Form 498 Late Independent Expenditures Made

Date: 11/05/2001

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	4	Record Type Value: S498
02	Rx	Form_Type	6	Schedule Name/ID Value: F498-R = Late Payment Received From F498-A = Late Payment Attributed To
	Note	: Only one F498-R r	ecord is	s used per F498 filing.
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item
04	R	Entity_Cd	3	Values: CAO - Candidate/Office-holder [COM RCP] - Recipient Committee IND - Individual; OTH - Other (e.g. a Bus, Cmtte, Org,)
05 06 07 08 09 10 11 12 13	C R C O O R O R R R	Cmte_ID Payor_NamL Payor_NamF Payor_NamT Payor_NamS Payor_Adr1 Payor_Adr2 Payor_City Payor_ST Payor_ZIP4	9 200 45 10 10 55 55 30 2 10	Committee ID of Payee (if CAO or [COM RCP]) Payor's Last name Payor's First name Payor's Prefix or Title Payor's Suffix Address of Payor Optional 2nd line of Address City State code Zip+4
	Fields	#15 & #19 are used	when	Form_Type = 'F498-R'
15 16 17 18 19	0 0 0 C C	Employer Occupation SelfEmp_CB Date_Rcvd Amt_Rcvd	200 60 1 8 12	Employer (only if Form_Type = 'F498-R') Occupation (only if Form_Type = 'F498-R') Check Box: Self Employed? Date Received (only if Form_Type = 'F498-R') Amount Recved (only if Form_Type = 'F498-R')



Date: 11/05/2001

Form 498 Late Independent Expenditures Made (Continue)

----- Fields #20 & #34 are used when Form_Type = 'F498-A' -----

#	R{x} C{x}	Field Name	Max Len	Description
20	С	Cand_NamL	200	Candidate's Last name
21	Č	Cand_NamF	45	Candidate's First name
22	O	Cand_NamT	10	Candidate's Prefix or Title
23	O	Cand_NamS	10	Candidate's Suffix
24	С	Office_Cd	3	Office Sought (See table of code in Overview)
25	С	Offic_Dscr	40	Office Sought Description
				(Req. if Office_Cd=OTH)
26	С	Juris_Cd	3	Office Jurisdiction Code Values:
				STW=Statewide;
				SEN=Senate District;
				ASM=Assembly District;
				BOE=Board of Equalization District;
				CIT=City;
				CTY=County;
				LOC=Local;
				OTH=Other
27	С	Juris_Dscr	40	Off. Juris. Dscrip
				(Req. if Juris_Cd=[CIT CTY LOC OTH])
28	С	Dist_No	3	Office District Number
	_			(Req. if Juris_Cd=[SEN ASM BOE])
29	0	Off_S_H_Cd	1	Office Sought/Held Code: H=Held; S=Sought
30	0	Bal_Name	200	Ballot Measure Name
31	0	Bal_Num	7	Ballot Number or Letter
32	0	Bal_Juris	40	Jurisdiction 0.04 (5.404)
33	С	Sup_Opp_Cd	1	Support/Oppose? Values: S; O (F401)
34	С	Amt_Attrib	12	Amount Attributed
				(only if Form_Type = 'F498-A')
35	0	Memo_Code	1	Memo Amount?
				(Date/Amount are informational only)
36	0	Memo_RefNo	20	Reference to text contained in a TEXT record.



Date: 11/05/2001

Section 2 - Campaign Statements

- 400 Statement of Organization (Slate Mailer Organization)
- 402 Statement of Termination (Slate Mailer Organization)
- 410 Statement of Organization Recipient Committee

Electronic File Components by Filing Type

<u>RecType</u>	<u>FormName</u>	Description
HDR	CAL	"CAL" Header record
CVR	F400	Cover Page; Stmt of Organization / Slate Mailer Org
CVR2	F400	Cover Page; Additional Names & Addresses
CVR3	F400	Cover Page; Part V; Verification Information
HDR	CAL	"CAL" Header record
CVR	F402	Cover Page; Stmt of Termination / Slate Mailer Org
CVR3	F402	Cover Page; Verification Information
HDR	CAL	"CAL" Header record
CVR	F410	Cover Page; Stmt of Organization / Recipient Committee
CVR2	F410	Cover Page; Additional Names & Addresses
CVR3	F410	Cover Page; Part 3; Verification Information

Date: 11/05/2001



Document Id: CAL format 2.01

COVER PAGE RECORD LAYOUT FOR F400, F410 (STATEMENT OF ORGANIZATION)

F402 (STMT OF TERMINATION - SLATE MAILER)

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	3	Record Type Value: CVR
02	Rx	Form_Type	4	Type of Filing/Form set - Values: (F400; F402; F410)
03	Rx	Filer_ID	9	Committee ID number of Filer
04	Rx	Entity_Cd	3	Entity Code of the Filer. Values: SMO - Slate Mailer Organization (F400,402) [COM RCP] - Recipient Committee (F410)
05 06 07 08	Rx O O O	Filer_NamL Filer_NamF Filer_NamT Filer_NamS	200 45 10 10	Cand. Last name or Cmtte/Org Name Candidate's First name Candidate's Prefix or Title Candidate's Suffix
09	Rx	Report_Num	3	Report Number - Values: 000 - Original Report 001 thru 999 - Amended Rpt #1-#999
10	Rx	Rpt_Date	8	Date this report is filed
11 12	C C	Qual_CB Qualfy_Dt	1 8	Qualified Committee check-box (Req. if SMO) Date Qualified as committee (Req. if Qual_CB=X)
13	С	Term_Date	8	Termination Effective Date (Req. if F402)
	Add	ress information for (Ora / C	ommittee / Candidate or Office holder
14	R	Adr1	55	Street 1
15	0	Adr2	55	Street 2 (Overflow for Addr1)
16	R	City	30	City
17	R	ST	2	State
18	R	ZIP4	10	ZIP+4
19	R	Phone	20	Phone Number
20	R	County_Res	20	County of Domicile, Residence, or Location



Date: 11/05/2001

COVER PAGE LAYOUT FOR STATEMENT OF ORGANIZATION/TERMINATION (Continued)

#	R{x} C{x}	Field Name	Max Len	Description
21 22 23 24 25 26	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	County_Act Mail_Adr1 Mail_Adr2 Mail_City Mail_ST Mail_ZIP4	20 55 55 30 2	County where Active (F410) Mailing Address of Filing Committee - Street 1 Mailing Address of Filing Committee - Street 2 Mailing Address of Filing Committee - City Mailing Address of Filing Committee - State Mailing Address of Filing Committee - ZIP+4
27 28	O O	Cmte_FAX Cmte_Email	20 60	Optional Committee FAX number Optional Committee Email address
29 30 31 32	R R O O	Tres_NamL Tres_NamF Tres_NamT Tres_NamS	200 45 10 10	Treasurer's Last name Treasurer's First name Treasurer's Prefix or Title Treasurer's Suffix
33 34 35 36 37 38	R O R R R	Tres_Adr1 Tres_Adr2 Tres_City Tres_ST Tres_ZIP4 Tres_Phon	55 55 30 2 10 20	Treasurer Street 1 Treasurer Street 2 Treasurer City Treasurer State Treasurer ZIP+4 Treasurer Phone

Note: F400 Name/Addr info for Principal Officer(s) (POF) are coded on CVR2 records with the CVR2.Item_Cd='POF'. Slate Mailer Auth Individuals (SMA) are coded on CVR2 records with Item_Cd='SMA'.

Note: F410 Name/Addr info for Assistant Treasurer (ATR) and any other Principal Officer(s) (POF) are coded on CVR2 records with the CVR2.Item_Cd=['ATR'|'POF'].

39 C Actvty_Lvl 2 Main level of Activity
(Req. if SMO or GenPurp_CB=X)
Values: CI = City; CO = County; ST = State



Date: 11/05/2001

COVER PAGE LAYOUT FOR STATEMENT OF ORGANIZATION/TERMINATION

(Continued)

----- Fields 40 - 42 used on F400 Statement of Organization ------

Fields 40 - 42 used on F400 Statement of Organization					
#	R{x} C{x}	Field Name	Max Len	Description	
40	C	Com82013YN	1	Is this SMO a 82013 "Committee"?	
41	С	Com82013Nm	200	(Yes/No) (F400) Name of 82013 Committee (F400; when Com82013YN=Y)	
42	0	Com82013ID	9	ID of 82013 Committee (if Com82013Nm is a RCP cmtte)	
				ment of Organization	
43	0	Control_CB	1	Controlled Committee Check-box	
	Note:	Name/Address info	suppli	ed on CVR2 record(s) with Item_Cd='CTL'.	
44 45 46 47 48 49 50 51 52 53	00000000000	Bank_Nam Bank_Adr1 Bank_Adr2 Bank_City Bank_ST Bank_ZIP4 Bank_Phon Bank_AcctNo Reservd_Dt Reservd_Commt PrimFC_CB	200 55 55 30 2 10 20 20 8 90	Name of Financial Institution Street 1 of Financial Institution Street 2 of Financial Institution City of Financial Institution State of Financial Institution ZIP+4 of Financial Institution Phone of Financial Institution Phone of Financial Institution Bank Account Number Reserved Date (not used at this time) Reserved Text Field (not used at this time) Primarily Formed Committee Check-box	
	Note:	Name/Address info	suppli	ed on CVR2 record(s) with Item_Cd='PFC'.	
55 56	0	GenPurp_CB GPC_Descr	1 300	General Purpose Committee Check-box Brief description of Activity of GPC	
57	O Note:	Sponsor_CB Name/Address info	1 suppli	Sponsored Committee Check-box ed on CVR2 record(s) with Item_Cd='SPO'.	
58	0	BrdBase_CB	1	Broad Based Committee Check-box	
59	0	SmCont_QualDt	8	Date Small Contributor Committee Qualified	

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COVER PAGE ({2} ADDITIONAL NAMES/COMMITTEES) RECORD LAYOUT

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	4	Record Type Value: CVR2
02	Rx	Form_Type	4	Form_Type (must equal Form_Type in CVR record) values: F400; F410
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item

Note: Remainder of CVR2 record is parsed depending on value of Form_Type.

	Following variable fields used when Form_Type=[F400 F410]				
04	Rx	Entity_Cd	3	Values: ATR - Assistant Treasurer (F410) POF - Principal Officer (F400, F410) CAO - Candidate/Office-holder (F410) PRO - Proponent (F410) SPO - Sponsor (F410) BNM - Ballot Measure's Name/Title (F410) ATH - Authorizing Individual (F400) COM - Committee (F400) CTL - Controlled Committee (F410) RCP - Recipient Committee (F400)	
05 06 07 08	Rx C O O	Enty_NamL Enty_NamF Enty_NamT Enty_NamS	200 45 10 10	Filing Entity's Last name Filing Entity's First name Filing Entity's Prefix or Title Filing Entity's Suffix	
09	Rx	Item_Cd	3	Section of Stmt of Org this Itemization relates to Values: ATR - Assistant Treasurer (F410) POF - Principal {Filing} Officer (F400, F410) CTL - Controlled Committee Itemization (F410) PFC - Primarily Formed Commtte Item (F410) SPO - Sponsored Commtte Itemization (F410) SMA - Slate Mailer Authorizor (F400)	

Date: 11/05/2001



Document Id: CAL format 2.01

COVER PAGE - {{2} ADDITIONAL NAMES/COMMITTEES SECTION} RECORD LAYOUT (Cont.)

	$R\{x\}$		Max	
#	$C\{x\}$	Field Name	Len	Description
(*Field	d Name	e Changed)		
10	С	Cvr2_Adr1	55	Address (if Item_Cd = SPO)
11	0	Cvr2_Adr2	55	Optional 2nd line of Address
12	С	Cvr2_City	30	City (if Item_Cd = SPO)
13	С	Cvr2_ST	2	State code (if Item_Cd = SPO)
14	С	Cvr2_ZIP4	10	Zip+4 (if Item_Cd = SPO)
15	0	Day_Phone	20	Daytime Phone Number
16	0	FAX_Phone	20	FAX Phone Number
17	0	Email_Adr	60	Email Address
				{does not map to present FPPC forms}
18 19 20	C C C	Cmte_ID Ind_Group POF_Title	9 90 45	Committee ID (If Entity_Cd=RCP) Industry Group / Affiliation (if Item_Cd = SPO) Position/Title of Prin Officer (if Item_Cd = POF)

Note: Fields #21 - #32 used when Item_Cd=[CTL|PFC]

Note: On F410; when Item_Cd='PFC': EITHER Candidate OR Ballot Measure information is "conditionally required", BUT not both at the same time.

21 22	C C	Office_Cd Offic_Dscr	3 40	Office Sought (See table of code in Overview) Office Sought Description (Req. if Office_Cd=OTH)
23	С	Juris_Cd	3	Office Jurisdiction Code Values: STW=Statewide; SEN=Senate District; ASM=Assembly District; BOE=Board of Equalization District; CIT=City; CTY=County; LOC=Local; OTH=Other
24	С	Juris_Dscr	40	Off. Juris. Dscrip
				(Req. if Juris_Cd=[CIT CTY LOC OTH])
25	С	Dist_No	3	Office District Number
				(Req. if Juris_Cd=[SEN ASM BOE])
26	0	Off_S_H_Cd	1	Office Sought/Held Code: H=Held; S=Sought
27	С	Non_Pty_CB	1	Non-Partisan check-box
				(only if Item_Cd = CTL)

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COVER PAGE - {{2} ADDITIONAL NAMES/COMMITTEES SECTION} RECORD LAYOUT (Cont.)

#	R{x} C{x}	Field Name	Max Len	Description
28	С	Party_Name	200	Name of Party (if partisan) (only if Item_Cd = CTL)
29	С	Bal_Num	7	Ballot Number or Letter (only if Item_Cd = PFC)
30	С	Bal_Juris	40	Ballot Measure Jurisdiction (only if Item_Cd = PFC)
31	С	Sup_Opp_Cd	1	Support/Oppose? Values: S; O (only if Item_Cd = PFC)
32	С	Year_Elect	4	Year of Election (format ccyy) (only if Item_Cd = CTL)

COVER PAGE (PART III; VERIFICATION INFO) RECORD LAYOUT

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	4	Record Type Value: CVR3
02	Rx	Form_Type	4	Form_Type (must equal Form_Type in CVR record) Values: F400; F402; F410
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item

Note: Remainder of CVR3 record is parsed depending on value of Form_Type. Refer to Section I description of the CVR3 record for the description of field parsing rules for Campaign Statements F400, F402, F410.



Date: 11/05/2001

Section 3 - Lobbyist Disclosure Reports

615	Lobbyist Report
625	Report of Lobbying Firm
630*	Payments Made to Lobbying Coalitions (Attachment to Form 625 or 635)
635	Report of Lobbyist Employer or Report of Lobbying Coalition
635-C*	Payments Received by Lobbying Coalitions
640*	Governmental Agencies Reporting (Attachment to Form 635 or Form 645)
645	Report of Person Spending \$5,000 or More
690*	Amendment to Lobbying Disclosure Report

Note: The 630, 635-C, 640, and 690 forms are not filed as standalone forms, but instead are included within the 615, 625, 635, and 645 filings.

Electronic File Components by Filing Type

<u>RecType</u>	<u>FormName</u>	Description
HDR CVR F690 LEXP LCCM	CAL F615 F615 F615P1 F615P2	"CAL" Header record Cover Page; Lobbyist Report Amendment Information sheet (a.k.a. Form 690) Part I - Activity Expenses Part II - Campaign Contributions Made [or Delivered]
HDR CVR CVR2 F690 SMRY LPAY LEXP LOTH	CAL F625 F625 F625 F625P2 F625P3A F625P3B	"CAL" Header record Cover Page; Recipient Committee Cover Page; Part II; Partners, Owners, Officers, Amendment Information sheet (a.k.a. Form 690) Summary Page & Misc. Schedule Line-item [sub]totals Payments Received in Connection with Lobbying Activity Part III/Sec A - Activity Expenses Part III/Sec B - Payments to OTHER Lobbying Firms



Date: 11/05/2001

Part IV/Sec B - Campaign Contributions Made LCCM F625P4B LATT Attachment Form 630 - Payments Made to Lobbying S630 Coalitions FormName Description RecType "CAL" Header record HDR CAL CVR F635 Cover Page; Candidate Committee CVR2 Cover Page: Part II: Partners, Owners, Officers, ... F635 F690 F635 Amendment Information sheet (a.k.a. Form 690) Summary Page & Misc. Schedule Line-item [sub]totals F635... SMRY Part III/Sec B - Payments to Lobbying Firms LPAY F635P3B Part III/Sec C - Activity Expenses LEXP F635P3C LCCM F635P4B Part IV/SecB - Campaign Contributions Made Attach Form 630 - Payments Made to Lobbying Coalitions LATT S630 LATT S635-C Attach Form 635-C - Payments Rcvd by Lobbying Coalitions LATT Attach Form 640 - Other Payments to Influence ... S640 HDR CAL "CAL" Header record CVR F645 Cover Page; Recipient Committee Amendment Information sheet (a.k.a. Form 690) F690 F645 SMRY F645... Summary Page & Misc. Schedule Line-item [sub]totals Part II/Sec A - Activity Expenses LEXP F645P2A F645P3B Part III/SecB - Campaign Contributions Made LCCM Attach Form 630 - Payments Made to Lobbying Coalitions LATT S630 Attach Form 640 - Other Payments to Influence ... LATT S640

COVER PAGE RECORD LAYOUT FOR F615,625,635,645 LOBBYIST DISCLOSURE REPORTS

#	R{x} C{x}	Field Name	Max Len	Description
01 02	Rx Rx	Rec_Type Form_Type	3 4	Record Type Value: CVR Type of Filing or Form set. Values: F615; F625; F635; F645
03	Rx	Sender_ID	9	ID# of Lobbyist Entity that is SUBMITTING this report.

Note: This is the ID# assigned by the SOS after the Lobbyist Entity first registers. Typically, it is the same as the Filer_ID except when a Firm is submitting a report on behalf of another Lobbyist Entity.)

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COVER PAGE RECORD LAYOUT (Continue)

#	R{x} C{x}	Field Name	Max Len	Description
04	Rx	Filer_ID	9	ID# of Lobbyist Entity that is SUBJECT of this report.
	Note:			5 reports, the Sender and Filer ID# are not wever, they must always be equal on F625 and
	Note:	The contents of this		(Name/Address/etc.) belong to the Lobbying the Lobbying Entity of the Sender_ID.
05	R	Entity_Cd	3	Entity Code of the Filer Values: LBY - Lobbyist (a person) (F615, F645) FRM - Lobbying Firm (F625, F645) LEM - Lobbying Employer (F635, F645) LCO - Lobbying Coalition (F635, F645) IND - Person (spending > \$5000) (F645) OTH - Other (F645)
06	Rx	Filer_NamL	200	Name of Lobbyist, Firm, Employer, Coalition or Major Donor that is filing report
07	С	Filer_NamF	45	Lobbyist Entity First name
08 09	0	Filer_NamT Filer_NamS	10 10	Lobbyist Entity Prefix or Title Lobbyist Entity Suffix
03	O	Ther_INamo	10	LODDYIST ETHILY GUILLA
10	Rx	Report_Num	3	Report Number - Values: 000 - Original Report 001 thru 999 - Amended Rpt #1-#999
11	Rx	Rpt_Date	8	Date this report is filed
12 13	R R	From_Date Thru_Date	8 8	Reporting Period From Date Reporting Period To/Through Date
14	C	Cum_Beg_Dt	8	Cumulative Period Beginning Date (Req on F625,635,645)
15	С	Firm_ID	9	ID# of Firm/Employer/Coalition (Req on F615)

Note: This is the ID# of the Firm/Employer/Coalition the Lobbyist works for - if Lobbyist not self-employed.

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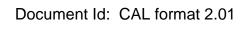
COVER PAGE RECORD LAYOUT FOR F615,625,635,645 (Continued)

#	R{x} C{x}	Field Name	Max Len	Description		
16	С	Firm_Name	200	Name of Firm/Employer/Coalition (Req on F615)		
	Note	Lobbyist not self-e	employe pped to	print rendering of the 690 form only for amended		
17	R	Firm_Adr1	55	Street 1 of Firm/Employer/Coalition or Business		
18	0	Firm_Adr2	55	Street 2 of Firm/Employer/Coalition or Business		
19	R	Firm_City	30	City of Firm/Employer/Coalition or Business		
20	R	Firm_ST	2	State of Firm/Employer/Coalition or Business		
21	R	Firm_ZIP4	10	ZIP+4 of Firm/Employer/Coalition or Business		
22	R	Firm_Phon	20	Phone of Firm/Employer/Coalition or Business		
		Mailing Address	fields o	nly apply to F615 and F625 filings.		
23	0	Mail_Adr1	55	Mail Address of Firm/Employer/Coalition – Street 1		
24	0	Mail_Adr2	55	Mail Address of Firm/Employer/Coalition – Street 2		
25	С	Mail_City	30	Mail Address of Firm/Employer/Coalition - City		
26	С	Mail_ST	2	Mail Address of Firm/Employer/Coalition – State		
27	С	Mail_ZIP4	10	Mail Address of Firm/Employer/Coalition – ZIP+4		
28	Ο	Mail_Phon	20	Mail Address of Firm/Employer/Coalition – Phone		
	Note	This field does not appear on any forms, use for a second, alternate				

Note: Fields 29-39 are also mapped to the print rendering of the F690

29 R Sig_Date 8 Date when signed 30 R Sig_Loc 45 City and State where signed

phone number is optional.





COVER PAGE RECORD LAYOUT FOR F615,625,635,645 (Continued)

#	R{x} C{x}	Field Name	Max Len	Description
31	R	Sig_NamL	200	Signer "as signed" Last name
32	R	Sig_NamF	45	Signer "as signed" First name
33	0	Sig_NamT	10	Signer "as signed" Prefix or Title
34	0	Sig_NamS	10	Signer "as signed" Suffix
35	R	Prn_NamL	200	Signer "as typed/printed" Last name (F625,F635,F645)
36	R	Prn_NamF	45	Signer "as typed/printed" First name (F625,F635,F645)
37	Ο	Prn_NamT	10	Signer "as typed/printed" Prefix or Title
38	0	Prn_NamS	10	Signer "as typed/printed" Suffix
39	С	Sig_Title	45	Title of Signer (F625,F635,F645)
	Variab	le F615 fields follow	w wher	n Form_Type=F615
40	0	NoPart1_CB	1 1	"No Part I information" check-box
41	0	NoPart2_CB	I	"No Part II information" check-box
Variable F625 fields follow when Form_Type=F625				
40	0	Part1_1_CB	1	"Partners, Owners, Form 615 attached" check-box
41	Ο	Part1_2_CB	1	"Partners, Owners, Listed below" check-box
42	Ο	Ctrib_N_CB	1	"No Campaign Contributions Made" check-box
43	0	Ctrib_Y_CB	1	"Part IV completed and Attached" check-box
44	0	Lobby_N_CB	1	"Lobby Coalition - None" check-box
45	0	Lobby_Y_CB	1	"Lobby Coalition - F630 attached" check-box
	If appl	icable, give Maior F	Onor N	Name or Recipient Committee & ID
46	C	Major_NamL	200	Major Donor Last Name (Part IV; Section A)
47	С	Major_NamF	45	Major Donor First Name(s)
48	Ο	, _ Major_NamT	10	Major Donor Prefix or Title
49	Ο	Major_NamS	10	Major Donor Suffix
50	С	RcpCmte_Nm	200	Recipient Committee Name (Part IV; Sec. A)
51	С	RcpCmte_ID	9	Recipient Cmtte (or Major Donor) ID# (Part IV; Sec A)



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COVER PAGE RECORD LAYOUT FOR F615,625,635,645 (Continued)

#	R{x} C{x}	Field Name	Max Len	Description
40 41	0	Ctrib_N_CB Ctrib_Y_CB	1 1	"No Campaign Contributions Made" check-box "Part IV completed and Attached" check-box
42	R	Lby_Actvty	400	Description of Lobbying Activity Refer to Overview for instructions on coding this field.
	If anni	icable give Major F	Onor N	Name or Recipient Committee & ID
43	С	Major_NamL	200	Major Donor Last Name (Part IV; Section A)
44	Č	Major_NamF	45	Major Donor First Name(s)
45	Ö	Major_NamT	10	Major Donor Prefix or Title
46	Ö	Major_NamS	10	Major Donor Suffix
		, –		•
47	С	RcpCmte_Nm	200	Recipient Committee Name(Part IV; Section A)
48	С	RcpCmte_ID	9	Recipient Cmtte (or Major Donor) ID# (Part IV; Sec A)
	Variab	le F645 fields follo	w wher	n Form_Type=F645
	R{x}		Max	
#	C{x}	Field Name	Len	Description
π 				
40	0	Ctrib_N_CB	1	"No Campaign Contributions Made" check-box
41	Ö	Ctrib_Y_CB	1	"Part III completed and Attached" check-box
42	Ř	Lby_Actvty	400	Description of Lobbying Activity Refer to
				Overview for instructions on coding this field.
				3
	If appli	icable, give Major [Donor N	Name or Recipient Committee & ID
43	С.	Major_NamL	200	Major Donor Last Name (Part III; Section A)
44	С	Major_NamF	45	Major Donor First Name(s)
45	0	Major_NamT	10	Major Donor Prefix or Title
46	0	Major_NamS	10	Major Donor Suffix

Note: F625 Part I and F635 Part II Name & Title information for Partners, Owners, Officers and Employees (PTN,OWN,OFF,EMP) is coded on CVR2 records with CVR2.Entity_Cd = [PTN|OWN|OFF|EMP].

Sec A)

200

9

Recipient Committee Name (Part III; Section A)

Recipient Cmtte (or Major Donor) ID# (Part IV;

RcpCmte_Nm

RcpCmte_ID

47

48

C

С

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COVER PAGE ({2} ADDITIONAL NAMES/COMMITTEES) RECORD LAYOUT

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	4	Record Type Value: CVR2
02	Rx	Form_Type	4	Form_Type (must equal Form_Type in CVR record) Values: F625; F635
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item

Note: Remainder of CVR2 record is parsed depending on value of Form_Type.

----- Following variable fields used when Form_Type=[F625|F635] ------

#	R{x} C{x}	Field Name	Max Len	Description
04	Rx	Entity_Cd	3	Values: PTN - Partner OWN - Owner OFF - Officer EMP - Employee
05	С	Entity_ID	9	ID# of Entity (Partner, Owner, Officer, Employee) if that entity is required to file Form 615.

Note: Required on F625 when CVR.40.Part_1_1='X'

06	R	Enty_NamL	200	Partner, Owner, Officer, Employee Last name
07	R	Enty_NamF	45	Partner, Owner, Officer, Employee First name
80	0	Enty_NamT	10	Partner, Owner, Officer, Employee Prefix or
				Title
09	0	Enty_NamS	10	Partner, Owner, Officer, Employee Suffix
10	С	Enty_Title	45	Title of Entity Named above (Req. on F635
				only)



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#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	4	Record Type Value: F690
02	Rx	Form_Type	4	Form_Type (must equal Form_Type in CVR record) Values: F615; F625; F635; F645
03	Rx	Exec_Date	8	Date the original report (or prior amendment to the original report) was executed on
04	Rx	From_Date	8	Report Period From Date of Original Report
05	Rx	Thru_Date	8	Report Period To/Through Date of Original Report
06	0	Chg_Parts	100	Amended info affects items on Part(s)
07	0	Chg_Sects	100	Amended info affects items on Section(s)
80	Rx	Amend_Txt1	330	Description of changes (6 lines of 55 char 9pt text)

SUMMARY TOTALS RECORD LAYOUT

	$R\{x\}$		Max	
#	C{x}	Field Name	Len	Description
01	Rx	Rec_Type	4	Record Type Value: SMRY
02	Rx	Form_Type	8	Name of Filing Form or Schedule Name
03	Rx	Line_Item	8	Line Number of Summary Total
04	Ο	Amount_A	12	Summary Amount (Amount this Period)

Note: Amount(s) may have a null or zero value if there is no dollar total to be conveyed. SMRY records with null/zero Amount(s) do not have to be coded within a filing. Amount(s) are assumed to be zero in the absence of a SMRY record.



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Examples:

F615 Lobbyist Report does not have any summary (SMRY) totals.

F625 SMRY records (when needed) are coded with these Form Type/Line# values:

SMRY line

```
SMRY,F625,A,Amt_A
SMRY,F625,B,Amt_A
SMRY,F625,C,Amt_A
SMRY,F625,D,Amt_A
SMRY,F625P2,0,Amt_A
SMRY,F625P3A,1,Amt_A
SMRY,F625P3A,2,Amt_A
SMRY,F625P3A,3,Amt_A
SMRY,F625P3B,0,Amt_A
SMRY,F625P3B,0,Amt_A
SMRY,F625P3B,0,Amt_A
SMRY,F625P3B,0,Amt_A
SMRY,F625P3B,0,Amt_A
SMRY,F625P3B,0,Amt_A
```

F635(including F640) SMRY records are coded with these Form_Type/Line# values:

SMRY line

```
SMRY,F635,A,Amt_A
SMRY,F635,B,Amt A
SMRY,F635,C,Amt A
SMRY,F635,D,Amt_A
SMRY,F635,ABCD,Amt A
SMRY,F635,E,Amt_A
SMRY,F635P3A,1,Amt A
SMRY,F635P3A,2,Amt A
SMRY,F635P3B,0,Amt A {no Part 3b line-item# on form, code Line Item=0 (zero)}
SMRY, F635P3C, 0, Amt A {no Part 3c line-item# on form, code Line Item=0 (zero)}
SMRY,F635P3D,1,Amt A
SMRY,F635P3D,2,Amt A
SMRY,F635P3D,3,Amt_A
SMRY,F635P3E,0,Amt A {no Part 3e line-item# on form, code Line Item=0 (zero)}
SMRY, S640, 1, Amt A
SMRY,S640,2,Amt A
SMRY,S640,3,Amt A
SMRY,S640,4,Amt A
SMRY,S640,5,Amt A
```



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F645(including F640) SMRY records are coded with these Form_Type/Line# values:

SMRY line

SMRY,F645,A,Amt_A SMRY,F645,B,Amt_A

SMRY,F645,AB,Amt_A

SMRY,F645,C,Amt_A

SMRY,F645P2A,0,Amt_A {no Part 2a line-item# on form, code Line_Item=0 (zero)}

SMRY,F645P2B,1,Amt_A

SMRY,F645P2B,2,Amt_A

SMRY,F645P2B,3,Amt_A

SMRY,F645P2C,0,Amt_A {no Part 2c line-item# on form, code Line_Item=0 (zero)}

SMRY,S640,1,Amt_A

SMRY,S640,2,Amt_A

SMRY,S640,3,Amt_A

SMRY,S640,4,Amt A

SMRY,S640,5,Amt_A

ACTIVITY EXPENDITURE SCHEDULES: (F615P1; F625P3A; F635P3C; F645P2A)

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	4	Record Type Value: LEXP
02	Rx	Form_Type	7	Schedule Name/ID Values: F615P1 = F615/Part 1 - Activity Expenses F625P3A = F625/Part 3A - Activity Expenses F635P3C = F635/Part 3C - Activity Expenses F645P2A = F645/Part 2A - Activity Expenses
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item
04	R	RecSubType	1	1 = Main Item Entry (Date and Amount are required)2 = Subsequent detail of additional Beneficiary info

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ACTIVITY EXPENDITURE SCHEDULES: (cont.)

#	R{x} C{x} 	Field Name	Max Len 	Description
05	R	Entity_Cd	3	Entity Code of the Payee Values: IND - Individual; OTH - Other (e.g. a Business, Org,)
06 07 08 09 10 11 12 13	R C O O R O R R R	Payee_NamL Payee_NamF Payee_NamT Payee_NamS Payee_Adr1 Payee_Adr2 Payee_City Payee_ST Payee_ZIP4	200 45 10 10 55 55 30 2 10	Payee's Last name Payee's First name (Req if 'IND') Payee's Prefix or Title Payee's Suffix Address of Payee Optional 2nd line of Address City State code Zip+4
15	0	CredCardCo	200	Name of Credit Card Company (if paid by Credit Card)
16 17 18 19	R R R R	Bene_Name Bene_Posit Bene_Amt Expn_Dscr	90 90 12 90	Name of Reportable Person Benefiting Official Position of Person Benefiting Amount Benefiting Beneficiary Description of Consideration
20	С	Date	8	Date of Expenditure (Only when RecSubType=1)
21	С	Amount	12	Amount of Payment (Only when RecSubType=1)
22	0	Memo_Code	1	Memo Amount? (Date/Amount are informational only)
23	0	Memo_RefNo	20	Reference to text contained in a TEXT record.
24	0	BakRef_TID	20	Back Reference to a Tran_ID of a "parent" record



PAYMENTS MADE/RECEIVED TO/FROM LOBBYING FIRMS SCHEDULES: (F625P2; F635P3B)

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	4	Record Type Value: LPAY
02	Rx	Form_Type	7	Schedule Name/ID Value: F625P2 = F625/Part 2 - Paymts Rcvd for Lobby Activity F635P3B = F635/Part 3B - Payments to Lobbying Firms
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item
04	R	Entity_Cd	3	Entity Code of the Employer Values: FRM - Lobbying Firm LEM - Lobbying Employer LCO - Lobbying Coalition
05 06	R O	Emplr_NamL Emplr_NamF	200 45	Name of Firm, Employer, Coalition Employer First name (never a person / not used)
07	0	Emplr_NamT	10	Employer Prefix or Title (never a person / not used)
08	0	Emplr_NamS	10	Employer Suffix (never a person / not used)
09 10 11 12 13 14	R O R R R C	Emplr_Adr1 Emplr_Adr2 Emplr_City Emplr_ST Emplr_ZIP4 Emplr_Phon	55 55 30 2 10 20	Address of Firm, Employer, Coalition Optional 2nd line of Address City State code Zip+4 Phone Number (Req if F625/Part2 (if Form_Type=F625P2))
15	С	Lby_Actvty	200	Description of Lobbying Activity (Req only on F625P2)
Note	: See C	Overview for instruction	ons on	
	Any on	e out of the following	g 3 Amo	ounts are required
16 17 18	C C C	Fees_Amt Reimb_Amt Advan_Amt	12 12 12	Fees and Retainers Amount Reimbursements of Expenses Amount Advance & Other Payments Amount

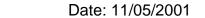


PAYMENTS MADE/RECEIVED TO/FROM LOBBYING FIRMS SCHEDULES: (Cont.)

#	R{x} C{x}	Field Name	Max Len	Description
19	С	Advan_Dscr	100	Description of Advance and Other Payments (Required if Advan_Amt is non-zero)
20 21	R R	Per_Total Cum_Total	12 12	Total this {reporting} Period Cumulative Total to Date
22	0	Memo_Code	1	Memo Amount? (Date/Amount are informational only)
23	0	Memo_RefNo	20	Reference to text contained in a TEXT record.
24	0	BakRef_TID	20	Back Reference to a Tran_ID of a "parent" record

PAYMENT TO OTHER LOBBYING FIRMS: (F625P3B)

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	4	Record Type Value: LOTH
02	Rx	Form_Type	7	Schedule Name/ID Values: F625P3B = F625/Part 3B - Paymts to OTHER Lobby Firms
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item
04 05 06 07 08 09	R R O R R R R	Firm_Name Firm_Adr1 Firm_Adr2 Firm_City Firm_ST Firm_ZIP4 Firm_Phon	200 55 55 30 2 10 20	Name of Firm Address of Firm Optional 2nd line of Address City State code Zip+4 Phone Number
11	R	Subj_NamL	200	Last Name of Employer/Client subject of lobbying
12	Ο	Subj_NamF	45	First Name of Employer/Client subject of lobbying





PAYMENT TO OTHER LOBBYING FIRMS: (F625P3B) Cont.

#	R{x} C{x}	Field Name	Max Len	Description
13	0	Subj_NamT	10	Prefix/Title of Employer/Client subject of lobbying
14	Ο	Subj_NamS	10	Suffix of Employer/Client subject of lobbying
15 16 17	O R R	Date Amount Cum_Amt	8 12 12	Date of Payment (Does not show on form) Amount of Payment Cumulative Total to Date
18	0	Memo_Code	1	Memo Amount?
19	Ο	Memo_RefNo	20	(Date/Amount are informational only) Reference to text contained in a TEXT record.

<u>CAMPAIGN CONTRIBUTIONS SCHEDULES: (F615P2; F625P4B; F635P4B; F645P3B)</u>

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	4	Record Type Value: LCCM
02	Rx	Form_Type	7	Schedule Name/ID Values: F615P2 = F615/Part 2 - Campaign Contrib F625P4B = F625/Part 4B - Campaign Contrib F635P4B = F635/Part 4B - Campaign Contrib F645P3B = F645/Part 3B - Campaign Contrib
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item
04	R	Entity_Cd	3	Entity Code for Recipient of the Campaign Contribution Value: COM - Recipient Committee
05 06 07 08	R O O	Recip_NamL Recip_NamF Recip_NamT Recip_NamS	200 45 10 10	Name of Recipient of Campaign Contribution Recipient's First name Recipient's Prefix or Title Recipient's Suffix

⁻⁻⁻⁻⁻ These Address fields do not appear on any forms, they are optional



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CAMPAIGN CONTRIBUTIONS SCHEDULES: (Cont.)

#	R{x} C{x}	Field Name	Max Len	Description
09 10 11 12 13	0 0 0 0	Recip_Adr1 Recip_Adr2 Recip_City Recip_ST Recip_ZIP4	55 55 30 2 10	Address of Recipient Optional 2nd line of Address City State code Zip+4
14	R	Recip_ID	9	ID# of Recipient
15 16 17 18 19	Contrib C O O O C	outor Name and Sepa Ctrib_NamL Ctrib_NamF Ctrib_NamT Ctrib_NamS Acct_Name	arate A 200 45 10 10 90	ccount only apply to F615 filings Contributor's Last name (If other than Lobbyist) Contributor's First name Contributor's Prefix or Title Contributor's Suffix Name of Separate Account (If applicable)
20 21	C C	Date Amount	8 12	Date of Contribution Amount of Contribution
22 23	0	Memo_Code Memo_RefNo	1 20	Memo Amount? (Date/Amount are informational only) Reference to text contained in a TEXT record.
24	0	BakRef_TID	20	Back Reference to a Tran_ID of a "parent" record

ATTACHMENT SCHEDULES FOR PAYMENTS: (S630; S635-C; S640)

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	4	Record Type Value: LATT
02	Rx	Form_Type	6	Schedule Name/ID Values: \$630 = Payments Made to Lobbying Coalitions \$635-C = Payments Rcvd by Lobbying Coalitions \$640 = Other Payments to Influence



ATTACHMENT SCHEDULES FOR PAYMENTS: (S630; S635-C; S640) Cont.

#	R{x} C{x}	Field Name	Max Len	Description
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item
04	R	Entity_Cd	3	Entity Code of the Payment Recipient/Payee Values: FRM - Lobbying Firm;(S635-C S640) LEM - Lobbying Employer; (S635-C S640) LCO - Lobbying Coalition; (S630 S635-C) LBY - Lobbyist (a person); (S635-C) IND - Individual; (S635-C S640) OTH - Other (Bus,Org,etc.) (S635-C S640)
05 06	R C	Recip_NamL Recip_NamF	200 45	Recipient/Payee's Last name Recipient/Payee's First name (Req if 'LBY' or 'IND')
07 08	0 0	Recip_NamT Recip_NamS	10 10	Recipient/Payee's Prefix or Title Recipient/Payee's Suffix
09 10 11 12 13	R O R R R	Recip_Adr1 Recip_Adr2 Recip_City Recip_ST Recip_ZIP4	55 55 30 2 10	Address of Recipient/Payee Optional 2nd line of Address City State code Zip+4
14 15 16	O R R	Date Amount Cum_Amt	8 12 12	Date of Payment (Does not show on form) Amount of Payment Cumulative Total to Date
17	Ο	CumBeg_Dt	8	Cumulative Period Begin Date (This field is not used)
18	0	Memo_Code	1	Memo Amount? (Date/Amount are informational only)
19	0	Memo_RefNo	20	Reference to text contained in a TEXT record.



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* Section 4 - Lobbyist Statements *

F605* Amendment to Registration, Lobbying Firm, Lobbyist Employer, Lobbying Coalition

F606 Notice of Termination

F607 Notice of Withdrawal

Electronic File Components by Filing Type

RecType	<u>FormName</u>	<u>Description</u>
HDR CVR CVR2 F605 LEMP LEMP	CAL F601 F601 F601P2A F601P2B	CAL Header record Cover Page Lobbying Firm Registration Statement Cover Page; Part I Individual Lobbyists Amendment information sheet (a.k.a. Form 605) Part II/Sec A Lobbyist Employers Part II/Sec B Subcontracted Clients
HDR CVR CVR2	CAL F602 F602	"CAL" Header record Cover Page; Lobbying Firm Activity Authorization Cover Page; side 1: Names of Subcontracted Clients side 2: Names "50 or less" Assoc members

<u>RecType</u>	<u>FormName</u>	<u>Description</u>
HDR	CAL	"CAL" Header record
CVR	F603	Cover Page; Lobbyist Employer/Coalition Regis Stmt
CVR2	F603	Cover Page; Names of Employees, Firms & Agencies
F605	F603	Amendment Information sheet (a.k.a. Form 605)

F601 Lobbying Firm Registration Statement

F602 Lobbying Firm Activity Authorization

F603 Lobbyist Employer or Lobbying Coalition Registration Statement

F604 Lobbyist Certification Statement

^{*} The 605 is not filed as a stand-alone filing. Instead it is included within the 601 and 603 Registration filings.



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<u>RecType</u>	<u>FormName</u>	<u>Description</u>
HDR	CAL	"CAL" Header record
CVR	F604	Cover Page; Lobbyist Certification Statement
HDR	CAL	"CAL" Header record
CVR	F606	Cover Page; Notice of Termination
HDR	CAL	"CAL" Header record
CVR	F607	Cover Page; Notice of Withdrawal

COVER PAGE RECORD LAYOUT FOR: F601; F602; F603; F604; F606; F607

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	4	Record Type Value: CVR
02	Rx	Form_Type	4	Type of Filing or Form set. Values: F601; F602; F603; F604; F606; F607
03	Rx	Sender_ID	9	ID# of Lobbyist Entity that is SUBMITTING this report.

Note: This is the ID# assigned by the SOS after the Lobbyist Entity first registers. Typically, it is the same as the Filer_ID except when a Firm is submitting a report on bahalf of another Lobbyist Entity.

04 Rx Filer_ID 9 ID# of Lobbyist Entity that is SUBJECT of this report.

Note: Sender and Filer ID# are not necessarily the same on F602, F604, F606 & F607 filings. However, they must always be equal on F601 and 603 reports.

Note: The contents of this record (Name/Address/etc.) belong to the Lobbying Entity of the Filer_ID, NOT the Lobbying Entity of the Sender_ID.)



#	R{x} C{x}	Field Name	Max Len 	Description
06	Rx	Filer_NamL	200	Lobbying Entity Name (or Lobbyist Person's Last Name)
07 08 09	C O O	Filer_NamF Filer_NamT Filer_NamS	45 10 10	Lobbyist's First name (Req only if 'LBY') Lobbyist's Prefix or Title Lobbyist's Suffix
10	Rx	Report_Num	3	Report Number - Values: 000 - Original Report 001-999 - Amended Rpt #1-#999
11	Rx	Rpt_Date	8	Date this report is filed
12 13	R R	LS_Beg_Yr LS_End_Yr	4 4	Legislative Session Beginning Year Legislative Session Ending Year
14	0	Qual_Date	8	Date Qualified (when this is an initial registration)
Note:	this da	ate applies to F601, I	F603 aı	9
15	С	Eff_Date	8	Effective Date of Auth/Term (Req. if F602,F606,F607)
16	R	Bus_Adr1	55	Business Address of Filer - Street 1
17	0	Bus_Adr2	55	Business Address of Filer - Street 2
18	R	Bus_City	30	Business Address of Filer - City
19	R	Bus_ST	2	Business Address of Filer - State
20	R	Bus_ZIP4	10	Business Address of Filer - ZIP+4
21	R	Bus_Phon	20	Phone number
22	0	Bus_FAX	20	Optional FAX number
23	0	Bus_Email	60	Optional Email address
24	0	Mail_Adr1	55	Mail Address of Filer (if different) - Street 1
25	Ο	Mail_Adr2	55	Mail Address of Filer (if different) - Street 2
26	С	Mail_City	30	Mail Address of Filer (if different) - City
27	С	Mail_ST	2	Mail Address of Filer (if different) - State
28	С	Mail_ZIP4	10	Mail Address of Filer (if different) - ZIP+4
29	Ο	Mail_Phon	20	Mail Address of Filer (if different) - Phone
30 31	R O	Sig_Date Sig_Loc	8 45	Date when signed City and State where signed (does not appear on forms)





#	R{x} C{x} 	Field Name	Max Len 	Description
32 33 34 35	R R O O	Sig_NamL Sig_NamF Sig_NamT Sig_NamS	200 45 10 10	Signer "as signed" Last name Signer "as signed" First name Signer "as signed" Prefix or Title Signer "as signed" Suffix
36	С	Prn_NamL	200	Signer "as typed/printed" Last name (not on F604)
37	С	Prn_NamF	45	Signer "as typed/printed" First name (not on F604)
38 39	0	Prn_NamT Prn_NamS	10 10	Signer "as typed/printed" Prefix or Title Signer "as typed/printed" Suffix
40	С	Sig_Title	45	Title of Signer (not on F604)
	Variabl	e F601 field follows v	when F	orm_Type=F601
41	R	Stmt_Firm	90	Lobby Firm Name in "Statement of Responsible Officer"
	Va	riable F602/F603 fie	lds foll	ow when Form_Type=[F602 F603]
	Or	ne and only one of th	e follov	wing 4 check-boxes should be checked
41 42 43 44	C C C	Ind_CB Bus_CB Trade_CB Oth_CB	1 1 1	Individual check-box Business check-box Industry/Trade/Professional check-box Other check-box
45 46 47 48 49 50	00000	A_B_Name A_B_Adr1 A_B_Adr2 A_B_City A_B_ST A_B_ZIP4	200 55 55 30 2 10	Name A. Individual or B. Business Entity Street 1 of A. Individual or B. Business Entity Street 2 of A. Individual or B. Business Entity City of A. Individual or B. Business Entity State of A. Individual or B. Business Entity ZIP+4 of A. Individual or B. Business Entity
51 52	C C	Descrip_1 Descrip_2	300 300	Description of Business Activity, Industry or Other Description of specific or other lobbying interests





#	R{x} C{x} 	Field Name	Max Len 	Description
53 54	C C	C_Less50 C_More50	1 1	No. members in Industry Assoc - 50 or less No. members in Industry Assoc - More than 50
55	0	Ind_Class	3	Industry Classification Values: AGR - Agriculture EDU - Education GOV - Government HEA - Health LAB - Labor Unions LEG - Legal PUB - Public Employee POL - Political Organizations UTL - Utilities OTH - Other
56	С	Ind_Descr	100	Description of Industry Classification if [OTH]er
57	С	Bus_Class	3	Business Classification (Req if Ind_Class is blank) Values: ENT - Entertainment FIN - Finance/Insurance LOG - Lodging/Restaurants MAN - Manufacturing/Industrial MER - Merchandise/Retail OIL - Oil & Gas PRO - Professional/Trade REA - Real Estate TRN - Transportation OTH - Other
58	С	Bus_Descr	100	Description of Business Classification if [OTH]er
	A	dditional variable F6	02 field	ds follow when Form_Type=F602
59 60 61 62	R R O R	Auth_Name Auth_Adr1 Auth_Adr2 Auth_City	200 55 55 30	Name authorized of Lobbying Firm Street 1 of Filer Street 2 of Filer City 1 of Filer





#	R{x} C{x}	Field Name	Max Len	Description			
63 64	R R	Auth_ST Auth_ZIP4	2 10	State of Filer ZIP+4 of Filer			
59 60	A R R	dditional Variable F6 Lobby_Int Influen_YN	03 field 300 1	ds follow when Form_Type=F603 Description of Part III Lobbying Interests Attempt to Influence State Legislation? Yes/No			
	\	√ariable F604 fields t	ollow v	when Form_Type=F604			
41	R	Firm_Name	200	Name of Lobbyist Employer or Lobbying Firm			
	Only O	NE of the next three	fields (check-boxes/Date) should be coded			
42	С	NewCert_CB	1	Will take a New Cert check-box "check-circle" #1			
43	С	RenCert_CB	1	Will take a Renewal Cert check-box "check-circle" #2			
44	С	Complet_Dt	8	Ethics Orient Course Completion (Req if NewCert_CB and RenCert_CB are both blank)			
	O	only ONE of the follow	ving 2	check-boxes should be checked			
45 46	C	Lby_Reg_CB Lby_604_CB	1	Lobby agcy in 601/603 Reg Stmt check-box #1 Lobby agcy in this 604 Stmt check-box #2			
47	С	St_Leg_YN	1	Will Lobby State Legislature? Y/N			
48	С	St_Agency	100	(Req if Lby_604_CB=X) List of Identified State Agencies (Req if Lby_604_CB=X)			
-	Va	riable F606/F607 fie	lds foll	ow when Form_Type=[F606 F607]			
41	R	Firm_Name	200	Name of Lobbyist Employer or Lobbying Firm			
42	С	Lobby_CB	1	"Lobbyist within the meaning"			
43	С	L_Firm_CB	1	check-box (F607 only) "Lobbying firm within the"			
	check-box (F607 only) At least one of above two check-boxes must be used on F607 filings						

Date: 11/05/2001



Document Id: CAL format 2.01

COVER PAGE ({2} ADDITIONAL NAMES/COMMITTEES) RECORD LAYOUT

#	R{x} C{x}	Field Name	Max Len	Description
01	Rx	Rec_Type	4	Record Type Value: CVR2
02	Rx	Form_Type	4	Form_Type (must equal Form_Type in CVR record) Values: F601; F602; F603
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item
Note	Rema	ainder of CVR2 reco	rd is pa	arsed depending on value of Form_Type.
	F	ollowing variable fiel	ds use	d when Form_Type=[F601 F602]
#	R{x} C{x}	Field Name	Max Len	Description
04	Сх	Entity_Cd	3	Values: SCL - Subcontracted Client (F602,Cover/side1) MBR - Association member(F602,Cover/side2) Null - Entity_Cd not required on Form 601
05	С	Entity_ID	9	ID# of Entity (Partner, Owner, Officer, Employee) on a F601 Part 1 (This person must also file a 604).
Note	: Entity	/_ID is required for F	601 fili	ngs; (i.e. when Entity_Cd not = 'SCL' or 'MBR')
06	R	Enty_NamL	200	Lobbyist/Subcontracted Client/Assoc Member
07	С	Enty_NamF	45	Last name Lobbyist/Assoc Member First name (Pag if NOT 'SCL')
08 09	O O	Enty_NamT Enty_NamS	10 10	(Req if NOT 'SCL') Lobbyist/Assoc Member Prefix/Title Lobbyist/Assoc Member Suffix



COVER PAGE ({2} ADDITIONAL NAMES/COMMITTEES) RECORD LAYOUT

----- Following variable fields used when Form_Type=F603 ------

#	R{x} C{x} 	Field Name	Max Len 	Description
04	Rx	Entity_Cd	3	Values: FRM - Lobbying Firm (Right Col of Part I) EMP - Employee Lobbyist (Left side of Part I) AGY - State Agency (Listed in Part II)
05	С	Entity_ID	9	ID# of Entity (Lobbying Firm or Employee Lobbyist)

Note: On a F603 (Employee Lobbyist must also file a 604).

Note: Entity_ID is required for F603 filings; (i.e. when Entity_Cd = 'FRM' or 'EMP')

06	R	Enty_NamL	200	Lobbying Entity or State Agency Last name
07	С	Enty_NamF	45	Lobbying Entity First name (Req only if 'EMP')
80	0	Enty_NamT	10	Lobbying Entity Prefix or Title
09	0	Enty_NamS	10	

AMENDMENT INFORMATION (a.k.a.. Form 605; Part I)

#	R{x} C{x}	Field Name	Max Len	Description	
01 02	Rx Rx	Rec_Type Form_Type	4 4	Record Type Value: F605 Form_Type (must equal Form_Type in CVR record)	
03 04 05	Rx Rx Rx	Exec_Date From_Date Thru_Date	8 8 8	Values: F601; F603 Date this Amendment executed on Report Period From Date of Original Report Report Period To/Through Date of Original Report	
At least one of the Check-boxes below must be "checked" 06 O Add_L_CB 1 Add Lobbyist check-box 07 C Add_L_Eff 8 Add Lobbyist Effective Date 08 C A L NamL 200 Add Lobbyist Last Name (1st one changed)					





AMENDMENT INFORMATION (a.k.a.. Form 605; Part I) Cont.

#	R{x} C{x} 	Field Name	Max Len 	Description
09 10 11 12 13 14 15 16	000000000	A_L_NamF A_L_NamT A_L_NamS Del_L_CB Del_L_Eff D_L_NamL D_L_NamF D_L_NamT D_L_NamS	45 10 10 1 8 200 45 10	Add Lobbyist First Name (1st one changed) Add Lobbyist Prefix/Title (1st one changed) Add Lobbyist Suffix (1st one changed) Delete Lobbyist check-box Delete Lobbyist Effective Date Delete Lobbyist Last Name (1st one changed) Delete Lobbyist First Name (1st one changed) Delete Lobbyist Prefix/Title (1st one changed) Delete Lobbyist Suffix (1st one changed)
18	0	Add_LE_CB	1	Add Lobbyist Employer check-box
19 20	C	Add_LE_Eff A_LE_NamL	8 200	Add Lobbyist Employer Effective Date Add Lobbyist Employer Last Name (1st one changed)
21	0	A_LE_NamF	45	Add Lobbyist Employer First Name
22	0	A_LE_NamT	10	(1st one changed) Add Lobbyist Employer Prefix/Title (1st one changed)
23	Ο	A_LE_NamS	10	Add Lobbyist Employer Suffix (1st one changed)
24	0	Del_LE_CB	1	Delete Lobbyist Employer check-box
25	Č	Del_LE_Eff	8	Delete Lobbyist Employer Effective Date
26	Č	D_LE_NamL	200	Delete Lobbyist Employer Last Name
27	0	D_LE_NamF	45	(1st one changed) Delete Lobbyist Employer First Name (1st one changed)
28	0	D_LE_NamT	10	Delete Lobbyist Employer Prefix/Title (1st one changed)
29	0	D_LE_NamS	10	Delete Lobbyist Employer Suffix (1st one changed)
30 31 32 33 34 35	000000	Add_LF_CB Add_LF_Eff A_LF_Name Del_LF_CB Del_LF_Eff D_LF_Name	1 8 200 1 8 200	Add Lobbying Firm check-box Add Lobbying Firm Effective Date Add Lobbying Firm Name (first one changed) Delete Lobbying Firm check-box Delete Lobbying Firm Effective Date Delete Lobbying Firm Name (first one changed)



AMENDMENT INFORMATION (a.k.a.. Form 605; Part I) Cont.

#	R{x} C{x}	Field Name	Max Len	Description
36 37 38	O C C	Other_CB Other_Eff Other_Desc	1 8 100	Other Amendments check-box Other Amendments Effective Date Description of changes.
39 40	0	F606_Yes F606_No	1 1	Lobbyist ceasing all activities (Form 606) Lobbyist ceasing employment, but remains active

LOBBYIST EMPLOYERS/SUBCONTRACTED CLIENTS: (F601P2A; F601P2B)

#	R{x} C{x}	Field Name	Max Len	Description		
01	Rx	Rec_Type	4	Record Type Value: LEMP		
02	Rx	Form_Type	7	Schedule Name/ID Values: F601P2A = F601/Part 2A - Client / Employer F601P2B = F601/Part 2B - Subcontract Client		
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item		
04	Ο	Client_ID	9	ID# of Part 2A Employer or Part 2B Client/Employer		
Note: This entity must also file a 602						
05 06 07 08 09 10 11 12 13	R O O O R O R R R R	Cli_NamL Cli_NamF Cli_NamT Cli_NamS Cli_Adr1 Cli_Adr2 Cli_City Cli_ST Cli_ZIP4 Cli_Phon	200 45 10 10 55 55 30 2 10 20	Last Name of [Employing] Client First Name of [Employing] Client Prefix or Title of [Employing] Client Suffix of [Employing] Client Address of [Employing] Client Optional 2nd line of Address City State code Zip+4 Phone number		
15	R	Eff_Date	8	Effective Date of Lobbying Contract		



LOBBYIST EMPLOYERS/SUBCONTRACTED CLIENTS: (F601P2A; F601P2B)

Date: 11/05/2001

#	R{x} C{x}	Field Name	Max Len	Description			
16 17 18	R R R	Con_Period AgencyList Descrip	30 200 100	Period of Contract Agencies to be Lobbied Description of Employer/Client Lobbying Interests			
Following fields required for Form_Type=F601P2B							
19	O Note:	SubFirm_ID : This entity must als		9 , 9			
20 21 22 23 24 25 26	000000	Sub_Name Sub_Adr1 Sub_Adr2 Sub_City Sub_ST Sub_ZIP4 Sub_Phon	200 55 55 30 2 10 20	Name of Subcontracting Lobbying Firm Address of Subcontracting Lobbying Firm Optional 2nd line of Address City State code Zip+4 Phone number			



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