	(Government Cod	e Section 86116)	ER	1/4
		or REPORT OF LOBBYING COALITION (2 Cal. Code of Regs. Section 18616.4)		
FORM 635 1993	IMPORTANT: Lobbying Coalitions must attach a completed Form 635-C to this Report.			
	REPORT COVERS PERIOD FROM 01/0	1/2023 THROU	GH_03/31/2023	FOR OFFICIAL USE ONLY
	CUMULATIVE PERIOD BEGINNING	01/01/202	3	A
	TYPE OR P to be provided to you pursuant to the Information closure Provisions of the Political Reform Act.		ee Information	В
NAME OF FILER:				
EL DORADO COUNT BUSINESS ADDRESS: (N		(State)	(Zip Code)	TELEPHONE NUMBER:
	PLAC	CERVILLE CA	95667	
If more space is nee	ded, check box and attach continuation sheets.			
	SUMMARY OF	PAYMENTS THIS	PERIOD	
A. Total Payments to	In-House Employee Lobbyists (Part III, Section /	A, Column 1)	\$	0.00
B. Total Payments to	b Lobbying Firms (Part III, Section B, Column 4)		\$	7500.00
C. Total Activity Exp	enses (Part III, Section C)		\$	0.00
D. Total Other Paym	ents to Influence (Part III, Section D)		\$	0.00
GRAND	OTAL (A + B + C + D above)		\$	7500.00
E. Total Payments ir	Connection with PUC Activities (Part III, Section	E)	\$	0.00
F. Campaign Contrit	utions: Part IV completed and attached	X No ca	mpaign contributions m	ade this period
tion contained	VER I reasonable diligence in preparing this Repor I herein and in the attached schedules is true a penalty of perjury under the laws of the State	and complete.	-	

Executed on (Date)	At (City and State)	By (Signature of Employer or Responsible Officer)
04/30/2023	PLACERVILLE,CA	KEN PAYNE
Name of Employer or Responsible Officer (Type or Print) KEN PAYNE		Title GENERAL MANAGER

NAME OF FILER: _____EL DORADO COUNTY WATER AGENCY

PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT (See instructions on reverse.)							
Name and Title		Name and	Name and Title				
If more space is needed, check box and attach continuat	tion sheets.						
PART III - PAYMENTS MADE IN CONNECTIO	N WITH LOBB	YING ACTIVITIE	L		(·	2)	
A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)			(1) Amount This Period		(2) Cumulative Total To Date		
(Column 1) on Line A of the Summary of Layments section on page 1.)			\$ 0.00		\$	0.00	
B. PAYMENTS TO LOBBYING FIRMS (Including Individual Contract Lobbyists)							
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances Other Payn (attach expla	nents	(4) Total This Period	(5) Cumulative Total to Date	
SMITH POLICY GROUP	7500.00	0.00	0.0	00	7500.00	7500.00	
SACRAMENTO CA 95835							
If more space is needed, check box and attach continuation sheets	Also ente	THIS PERIOD (er the total of Colur ry of Payments sect	nn 4 on Line B of th	le \$	7500.0	00	

PERIOD COVERED: 01/01/2023

03/31/2023

NAME OF FILER: _____EL DORADO COUNTY WATER AGENCY

C. ACTIVITY EXPENSES (See instructions on reverse.)						
Date	Name and Address of Payee	Name and Official PositionDescription ofof Reportable Persons and Amount Benefiting EachConsideration		Total Amount of Activity		
			\$		\$	
	ore space is needed, check box and attach inuation sheets.	Also		ctivity Expenses) Section C on Line C of ents section on page 1.	\$ 0.00	
 D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead. 1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a complete Form 630 to this Report.) 						
	THER PAYMENTS			\$	\$ 0.00	
E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.)				\$ 0.00		

NAME OF FILER: EL DORADO COUNTY WATER AGENCY

PART IV -- CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of <u>state</u> candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which Has Filed A Campaign Disclosure Statement: Identification Number if Recipient Committee: _

B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
If more spac	ce is needed, check box and attach continuation sheets.		1

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

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