	⊠ REP	ORT OF LOBBYI	ST EMPLOYE	R		
		(Government Code S			1/5	
		or	,		1	
	□ REP	ORT OF LOBBYII	NG COALITIO	N		
		Cal. Code of Regs. S				
FORM 635	,		,			
1993		ANT: Lobbying Coanneleted Form 635-C		ach a		
	REPORT COVERS P	ERIOD FROM 04/01/2	023 THROUG	H 06/30/2023	FOR OFFICIAL USE ON	LY
	CUMULATIVE PERIO	D BEGINNING	01/01/2023	3	A	
		TYPE OR PRIN	T IN INK			
	to be provided to you pursu closure Provisions of the Po	uant to the Information Prac		e I <u>nformation</u>	В	
NAME OF FILER:						
SAN JOAQUIN VALL	EY UNIFIED AIR POLLU	JTION CONTROL DIST	RICT			
BUSINESS ADDRESS: (No	umber and Street)	(City)	(State)	(Zip Code)	TELEPHONE NUMBER:	
		Fresno	CA	93726		
PART I - LEGISLATI See instructions on reve	VE OR STATE AGENCY	ADMINISTRATIVE AC	CTIONS ACTIVELY	LOBBIED DURIN	G THE PERIOD	
	slature and Govs office,re					
If more space is nee	ded, check box and attach cont	inuation sheets.				
		SUMMARY OF PA	YMENTS THIS P	ERIOD		
A. Total Payments to	o In-House Employee Lobby	yists (Part III, Section A, Co	olumn 1)	9	0.00	
B. Total Payments to	Lobbying Firms (Part III, S	Section B, Column 4)		9	8660.00	
C. Total Activity Exp	enses (Part III, Section C) .			9	0.00	
D. Total Other Paym	ents to Influence (Part III, S	Section D)		9	0.00	
GRAND ⁻	ГОТАL (A + B + C + D al	bove)			8660.00	-
E. Total Payments in	n Connection with PUC Acti	vities (Part III, Section E)		5	0.00	-
F. Campaign Contrib	outions: Part IV con	npleted and attached	X No can	npaign contributions n	nade this period	-
		VERIFIC	CATION			
tion contained	d herein and in the attache	ed schedules is true and	complete.		st of my knowledge the inform	na-
i certify under	penalty of perjury under	the laws of the State of C	ailtornia that the fo	regoing is true and c	correct.	
Executed on (Date) 07/19/2023		At (City and State) Fresno,CA		By (Signature of En Ryan Buchana	nployer or Responsible Officer) N	
Name of Employer or Respo Ryan Buchanan	onsible Officer (Type or Print)	l		Title District Controll	er	

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NAME OF FILER: SAN JOAQUIN VALLEY UNIFIED AIR POLLUTION CONTROL DISTRICT

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	ion sheets.						
PART III - PAYMENTS MADE IN CONNECTIO	N WITH LOBB	YING ACTIVITIE	s				
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 the commany of Laymonia section on page 1.)			\$ 0.00)	\$	0.00	
B. PAYMENTS TO LOBBYING FIRMS (Incl	uding Individual C	Contract Lobbyists)					
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)		(4) Total This Period	(5) Cumulative Total to Date	
Shaw Yoder Antwih Schmelzer & Lange,Inc.	8660.00	0.00	0.00		8660.00	17320.00	
Sacramento CA 95814							
If more space is needed, check box and attach continuation sheets	Also ente	THIS PERIOD (er the total of Colur y of Payments sect	nn 4 on Line B of the	\$	8660.0	00	

PERIOD COVERED: 04/01/2023 06/30/2023

NAME OF FILER: SAN JOAQUIN VALLEY UNIFIED AIR POLLUTION CONTROL DISTRICT

C. ACTI	VITY EXPENSES (See instructions on rever	se.)				
Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each		Description of Consideration	To Amo of Ac	ount
			\$		\$	
_	ore space is needed, check box and attach tinuation sheets.	Alse		Activity Expenses) Section C on Line C of ents section on page 1.	\$	0.00
NOTI Attac 1. P	ER PAYMENTS TO INFLUENCE LEG E: State and local government agencies do r hment Form 640 instead. PAYMENTS TO LOBBYING COALITIONS (Norm 630 to this Report.)	not complete this section. Check box an		\$0.00 \$0.00		
2. C	OTHER PAYMENTS			TOTAL SECTION D (1 + 2) Also enter the total of Section D on Line D of the Summary of Payments section on page 1.	\$	0.00
BEF	MENTS IN CONNECTION WITH ADMI ORE THE CALIFORNIA PUBLIC UTIL nary of Payments section on page 1. (See instruction	ITIES COMMISSION Also, enter the	TEMAKING PReton Entertain		\$	0.00

PERIOD COV	ERED: <u>04/01/2023</u> <u>06/30/2023</u>		
NAME OF FIL	ER: SAN JOAQUIN VALLEY UNIFIED AIR POLLUTION CONTROL DISTRICT		
Made to or on candidates or A. If the in a iden	CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary behalf of state candidates, elected state officers and any of their controlled commofficers must be reported in A or B below.) e contributions made by you during the period covered by this report, or be campaign disclosure statement which is on file with the Secretary of State tification number, if any, below. Major Donor or Recipient Committee Which did A Campaign Disclosure Statement:	oy a committee you spons	sor, are contained committee and its
	tributions of \$100 or more which have not been reported on a campaign of e by an organization's sponsored committee, must be itemized below.	disclosure statement, inc	luding contributions
Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
If mor	e space is needed, check box and attach continuation sheets.		

Attachment Form 640

(Attachment to Form 635 or Form 645)

CALIFORNIA
1993 FORM
640

		5/5
RIOD COVERED: <u>04/01/202306/30/2023</u> ME OF FILER: <u>SAN JOAQUIN VALLEY UNIFIED AIR POLLUTION CONTROL D</u>	DISTRICT	
For Use By: A state or local government agency that qualifies as instructions on the cover page before completing this		00 filer. Refer to the
Other Payments to Influence Legislative or Administrative Action:		
Total payments for overhead expenses related to lobbying activity. Report as a lump sum		\$ 0.00
Total payments to Lobbying Coalitions. Report as a lump sum (Form 630 must be attached)		\$0.00
Total payments of less than \$250 during the calendar quarter for loactivity (excluding overhead). Report as a lump sum.		\$0.00
 Total payments of more than \$250 during the calendar quarter for activity (excluding overhead). Such payments must be itemized be 		\$0.00
5. Grand total of "Other Payments to Influence Legislative or Administ Action." Also enter this total on the appropriate line of the Summa Payments section on Page 1 of Form 635 or Form 645	ry of	\$0.00
Also itemize dues or similar payments of \$250 or more made to an total expenditures or \$15,000 or more in a calendar quarter to influorganization's name and address, the amount paid to the organization since January 1 of the biennial legislative session	ence legislative or administrat tion during the quarter, and the	ive action. Provide the
Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1
	\$	\$
	\$	\$
	\$	\$
Subtotal of all payments itemized above	\$ 0.00	
If more space is needed, check box and attach		

continuation sheets.