		IST EMPLOYER			
	(Government Code	Section 86116)		1/6	
	or			1	
	☐ REPORT OF LOBBY	ING COALITION	l		
	(2 Cal. Code of Regs.	Section 18616.4)			
FORM 635					
1993	IMPORTANT: Lobbying C completed Form 635		ch a		
REF	PORT COVERS PERIOD FROM 01/01	THROUGH	03/31/2023	FOR OFFICIAL USE ONLY	
CUM	NULATIVE PERIOD BEGINNING	01/01/2023		A AMENDMENT 001	
	TYPE OR PRI	NT IN INK		7 WENDINETTI OOT	
	rovided to you pursuant to the Information Provisions of the Political Reform Act.	actices Act of 1977, see I	<u>nformation</u>	В	
NAME OF FILER:				I	
SANTA ANA WATERSHED	PROJECT AUTHORITY				
BUSINESS ADDRESS: (Number a	nd Street) (City)	(State)	(Zip Code)	TELEPHONE NUMBER:	
	RIVER	SIDE CA	92503		
PART I - LEGISLATIVE OF See instructions on reverse.)	STATE AGENCY ADMINISTRATIVE	ACTIONS ACTIVELY I	OBBIED DURING	THE PERIOD	
,	SLATURE RE: AB 234,246,249,340,541 216,1246,1248,1337,1364,1423,1460,1				
If more space is needed, che	eck box and attach continuation sheets.	AVMENTO TUIC DE	RIOD		
	SUMIMART OF P	AYMENTS THIS PE	עטוא		
A. Total Payments to In-Ho	use Employee Lobbyists (Part III, Section A,	Column 1)	\$	0.00	
B. Total Payments to Lobby	ring Firms (Part III, Section B, Column 4)		\$	29250.00	
C. Total Activity Expenses	(Part III, Section C)		\$	0.00	
D. Total Other Payments to	Influence (Part III, Section D)		\$	24655.00	
GRAND TOTAL	(A + B + C + D above)		\$	53905.00	
E. Total Payments in Conn	ection with PUC Activities (Part III, Section E)		\$	0.00	
F. Campaign Contributions: Part IV completed and attached X No campaign contributions made this period					
r. Campaign Contributions	Fait iv completed and attached	[X] No campa	aigir contributions ma	ide tills period	
	VERII	FICATION			
tion contained herei	nable diligence in preparing this Report. n and in the attached schedules is true an ty of perjury under the laws of the State of	d complete.	-	-	
Executed on (Date) 05/16/2023	At (City and State) RIVERSIDE,CA		By (Signature of Emp JEFF MOSHER	loyer or Responsible Officer)	
Name of Employer or Responsible 0	Officer (Type or Print)		Title GENERAL MANA	AGER	

2/6 PERIOD COVERED: 01/01/2023 03/31/2023 NAME OF FILER: SANTA ANA WATERSHED PROJECT AUTHORITY

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 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.)			Amount This Cumulat		(2) tive Total Date		
	(Column 1) on Line A of the Summary of Payments 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 or Other Payments (attach explanation)		(4) Total This Period	(5) Cumulative Total to Date	
WEST COAST ADVISORS SACRAMENTO CA 95814	29250.00	0.00	0.00		29250.00	29250.00	
SACINICITY OF SUBJECT							
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	\$	29250.0	00	

PERIOD COVERED: 01/01/2023 03/31/2023

NAME OF FILER: SANTA ANA WATERSHED PROJECT AUTHORITY

C. ACTIVITY EXPENSES (See instructions on reverse.)						
Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each Description of Consideration				tal ount tivity
			\$		\$	
If more space is needed, check box and attach continuation sheets. TOTAL SECTION C (Activity Expenses) Also enter the total of Section C on Line C of the Summary of Payments 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 completed Form 630 to this Report.) \$ 0.00 \$ 24655.00						
2. 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.						55.00
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

PERIOD COV	ERED: <u>01/01/2023</u>	03/31/2023					
NAME OF FIL	ER: SANTA ANA WATERSHED PROJEC	CT AUTHORITY					
made to or on	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.							
	Major Donor or Recipient Committee d A Campaign Disclosure Statement:	Which	Identification Numb Recipient Committe				
	tributions of \$100 or more which have e by an organization's sponsored com		lisclosure statement, inc	luding contributions			
Date	Name of Re	ecipient	I.D. Number if Committee	Amount			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
If mor	e space is needed, check box and attach contin	uation sheets.					

Attachment Form 640

(Attachment to Form 635 or Form 645)

CALIFORNIA
1993 FORM
640

		5/6
PERIOD COVERED: _01/01/202303/31/2023 NAME OF FILER: _SANTA ANA WATERSHED PROJECT AUTHORITY		
For Use By: A state or local government agency that qualifies instructions on the cover page before completing		00 filer. Refer to the
Other Payments to Influence Legislative or Administrative Action:		
Total payments for overhead expenses related to lobbying active 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 activity (excluding overhead). Report as a lump sum		\$0.00
Total payments of more than \$250 during the calendar quarter activity (excluding overhead). Such payments must be itemize	for lobbying	\$ <u>24655.00</u>
 Grand total of "Other Payments to Influence Legislative or Adm Action." Also enter this total on the appropriate line of the Sum Payments section on Page 1 of Form 635 or Form 645 	\$ <u>24655.00</u>	
legislative session covered by the report. Also itemize dues or similar payments of \$250 or more made to total expenditures or \$15,000 or more in a calendar quarter to i organization's name and address, the amount paid to the organ the organization since January 1 of the biennial legislative sessions.	influence legislative or administrat nization during the quarter, and the	ive action. Provide the
Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1
O] - ASSOCIATION OF CALIFORNIA WATER AGENCIES	\$ 24655.00	\$ 24655.00
SACRAMENTO CA 95814		
	\$	\$
	\$	\$
Subtotal of all payments itemized abov	\$ 24655.00	

If more space is needed, check box and attach

continuation sheets.

AMENDMENT TO LOBBYING DISCLOSURE REPORT

TYPE OR PRINT IN INK A or information required to be provided to you pursuant to the Information Practices Act of 1977, see Information lanual on Lobbying Disclosure Provisions of the Political Reform Act. ME OF FILER: ANTA ANA WATERSHED PROJECT AUTHORITY ME OF EMPLOYER OR FIRM: (If this amendment is being filed by a lobbyist)		S AMENDING REPORT MENT CODE SECTION		UANT	
or information required to be provided to you pursuant to the Information Practices Act of 1977, see Information anual on Lobbving Disclosure Provisions of the Political Reform Act. ME OF FILER: ANTA ANA WATERSHED PROJECT AUTHORITY ME OF EMPLOYER OR FIRM: (if this amendment is being filed by a lobbyist) SINESS ADDRESS OF FILER: (Number and Street) (City) (State) (Zip Code) TELEPH RIVERSIDE CA 92503 (The information required must correspond to the information provided on the original rep 1. The following information amends the lobbying disclosure report Form No. F635 executed of for the period 01/01/2023 to 03/31/2023 2. Amended information affects items on Part(s) III Section(s)D 3. Describe changes below.					FOR OFFICIAL USE ONL
Anual on Lobbying Disclosure Provisions of the Political Reform Act. ME OF FILER: INTA ANA WATERSHED PROJECT AUTHORITY ME OF EMPLOYER OR FIRM: (If this amendment is being filed by a lobbyist) SINESS ADDRESS OF FILER: (Number and Street) (City) (State) (Zip Code) TELEPH RIVERSIDE CA 92503 (The information required must correspond to the information provided on the original report. The following information amends the lobbying disclosure report Form No. F635 executed of for the period 01/01/2023 to 03/31/2023 . 2. Amended information affects items on Part(s) III Section(s)D 3. Describe changes below.		TYPE OR PRII	NT IN INK		A
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(The information required must correspond to the information provided on the original report. The following information amends the lobbying disclosure report Form No. F635 executed of for the period 01/01/2023 to 03/31/2023. 2. Amended information affects items on Part(s) III Section(s)D 3. Describe changes below.	SINESS ADDRESS OF FILER: (Number and Street)	(City)	(State)	(Zip Code)	TELEPHONE NUMBER:
The following information amends the lobbying disclosure report Form No. F635 executed of for the period 01/01/2023 to 03/31/2023. Amended information affects items on Part(s) III Section(s)D 3. Describe changes below.		RIVERSIDE	CA	92503	
3. Describe changes below.	for the period <u>01/01/2023</u> to	03/31/2023	· 		(Mo Day - Year)
	2. Amended information affects items	on Fait(s) <u>iii</u>		36011011(3)	<u> </u>
AMENDING TO INCLUDE A PAYMENT MADE DURIGN THE QUARTER	3. Describe changes below.				
	AMENDING TO INCLUDE A PAYMENT N	MADE DURIGN THE (QUARTER		

VERIFICATION

I have used all reasonable diligence in preparing this Amendment. I have reviewed the Amendment and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date) 05/16/2023	At (City and State) RIVERSIDE,CA	By (Signature of Filer) JEFF MOSHER
Name of Filer (Type or Print) JEFF MOSHER		Title GENERAL MANAGER