

REPORT OF LOBBYIST EMPLOYER

(Government Code Section 86116)

1/7

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 01/01/2023 THROUGH 03/31/2023

CUMULATIVE PERIOD BEGINNING 01/01/2023

FOR OFFICIAL USE ONLY

A

B

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

NAME OF FILER:

SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

San Bernardino

CA

92415

PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD

(See instructions on reverse.)

See attached TEXT

If more space is needed, 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)	\$	<u>42775.48</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4)	\$	<u>0.00</u>
C. Total Activity Expenses (Part III, Section C)	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D)	\$	<u>25938.63</u>

GRAND TOTAL (A + B + C + D above) \$ 68714.11

E. Total Payments in Connection with PUC Activities (Part III, Section E) \$ 0.00

F. Campaign Contributions: Part IV completed and attached No campaign contributions made this period

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules 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)
04/28/2023

At (City and State)
San Bernardino CA

By (Signature of Employer or Responsible Officer)
Mr. Horace Boatwright

Name of Employer or Responsible Officer (Type or Print)
Mr. Horace Boatwright

Title
Undersheriff

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

NAME OF FILER: SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT

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
Officer Julius McChristian Legislative Liaison	

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

PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES

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
		\$ 42775.48

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

TOTAL THIS PERIOD (Column 4)

Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 0.00

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

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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	Total Amount of Activity	
			\$	\$	
<input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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.)			\$ <u>0.00</u>		
2. OTHER PAYMENTS			\$ <u>0.00</u>		
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	
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	

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PART IV -- CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state 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 space is needed, check box and attach continuation sheets.

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.

Attachment Form 640

(Attachment to Form 635 or Form 645)

CALIFORNIA
1993 FORM

640

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

NAME OF FILER: SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT

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

Other Payments to Influence Legislative or Administrative Action:

1. Total payments for overhead expenses related to lobbying activity. <u>Report as a lump sum.</u>	\$ 4713.75
2. Total payments to Lobbying Coalitions. <u>Report as a lump sum.</u>	\$ 0.00
(Form 630 must be attached)	
3. Total payments of less than \$250 during the calendar quarter for lobbying activity (excluding overhead). <u>Report as a lump sum.</u>	\$ 1732.44
4. Total payments of more than \$250 during the calendar quarter for lobbying activity (excluding overhead). Such payments must be itemized below.	\$ 19492.44
5. Grand total of "Other Payments to Influence Legislative or Administrative Action." Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645.	<u>\$ 25938.63</u>

Itemize below payments of \$250 or more made during the quarter for lobbying activity. Provide the name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the biennial legislative session covered by the report.

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

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1
[E] - CAPITOL TRACK WEST SACRAMENTO CA 95605	\$ 2496.00	\$ 2496.00
[E] - SouthWest Airlines Dallas Tx 75235	\$ 3844.46	\$ 3844.46
Debi [S] - McDaniel San Bernardino CA 92415	\$ 5186.68	\$ 5186.68
Subtotal of all payments itemized above	\$ 11527.14	

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

Attachment Form 640

(Continuation Sheet)

CALIFORNIA 1993 FORM	640
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PERIOD COVERED: 01/01/2023--03/31/2023

NAME OF FILER: SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
[E] - Uber CA	657.53	657.53
[O] - NENA 911 Alexandria VA 22314	515.00	515.00
[E] - Public House Sacramento CA 95814	518.34	518.34
[E] - Park Downtown Sacramento CA 95814	1973.81	1973.81
[O] - Hilton Garden Inn Sacramento Airport Natomas Sacramento CA 95834	332.91	332.91
[O] - Luxivair SBD San Bernardino CA 92408	1185.00	1185.00
[V] - Sheraton Grand Sacramento Sacramento CA 95814	1597.71	1597.71
[O] - McClellan Jet Services McClellan Park CA 95652	1185.00	1185.00
Subtotal of all payments itemized above		\$ 7965.30

TEXT ANNOTATION

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Schedule F635

Reference No:

SB 2,SB 8,SB 10,SB 13,SB 14,SB 19,SB 35,SB 36,SB 44,SB 46,SB 47,SB 50,SB 54,SB 58,SB 62,SB 63,SB 67,SB 78,SB 89,SB 97,SB 99,SB 226,SB 234,SB 236,SB 237,SB 240,SB 254,SB 268,SB 281,SB 288,SB 309,SB 316,SB 325,SB 359,SB 377,SB 402,SB 464,SB 513,SB 514,SB 519,SB 602,SB 718,SB 733,SB 796,SCR 16,SCR 27,AB 8,AB 15,AB 33,AB 61,AB 67,AB 86,AB 92,AB 93,AB 229,AB 253,AB 271,AB 280,AB 301,AB 313,AB 327,AB 329,AB 335,AB 353,AB 360,AB 367,AB 374,AB 391,AB 428,AB 442,AB 462,AB 484,AB 574,AB 581,AB 667,AB 675,AB 701,AB 708,AB 742,AB 758,AB 766,AB 771,AB 795,AB 806,AB 829,AB 862,AB 890,AB 943,AB 946,AB 958,AB 974,AB 997,AB 1021,AB 1028,AB 1058,AB 1080,AB 1090,AB 1133,AB 1166,AB 1209,AB 1226,AB 1246,AB 1266,AB 1351,AB 1380,AB 1403,AB 1519,AB 1544,AB 1601,ACA 4.