				ર		
		(Government Code Sed	ction 86116)		1/6	
		or			1	
		ORT OF LOBBYIN	G COALITIO	N		
	(2	Cal. Code of Regs. Se	ction 18616.4)			
<b>FORM 635</b>						
1993		<b>ANT:</b> Lobbying Coal npleted Form 635-C		ich a		
	REPORT COVERS PE	ERIOD FROM 01/01/202		03/31/2023	FOR OFFICIAL USE ONLY	
	CUMULATIVE PERIO	D BEGINNING	01/01/2023		A	
		TYPE OR PRINT				
•	to be provided to you pursu closure Provisions of the Po	ant to the Information Praction	ces Act of 1977, see	Information	В	
NAME OF FILER:						
SOUTH COAST AIR	QUALITY MANAGEMEN	IT DISTRICT				
BUSINESS ADDRESS: (N	umber and Street)	(City)	(State)	(Zip Code)	TELEPHONE NUMBER:	
		DIAMOND	BAR CA	91765		
PART I - LEGISLATI (See instructions on rev		ADMINISTRATIVE ACT	IONS ACTIVELY	LOBBIED DURIN	G THE PERIOD	
If more space is nee	eded, check box and attach cont	inuation sheets.	MENTS THIS PE	RIOD		
A. Total Payments to	o In-House Employee Lobby	rists (Part III, Section A, Colu	mn 1)	9	0.00	
-		ection B, Column 4)				
-						
	, , , , , , , , , , , , , , , , , , ,	ection D)				
GRAND	101AL (A + B + C + D al	oove)		\$	128516.92	
E. Total Payments in	n Connection with PUC Activ	vities (Part III, Section E)		\$	0.00	
F. Campaign Contril	butions: Part IV con	npleted and attached	X No camp	paign contributions m	ade this period	
tion containe	d herein and in the attache	VERIFIC oreparing this Report. I h ed schedules is true and co the laws of the State of Cal	ave reviewed the Remmi second se		st of my knowledge the informa- orrect.	
Executed on (Date) 04/28/2023		At (City and State) Diamond Bar CA		By (Signature of Em Wayne Nastri	ployer or Responsible Officer)	
Name of Employer or Resp Wayne Nastri	onsible Officer (Type or Print)	1		Title Executive Office	9r	

Name and Title		Name and	Name and Title					
If more space is needed, check box and attach con	tinuation sheets.							
PART III - PAYMENTS MADE IN CONNEC			S					
A. PAYMENTS TO IN-HOUSE EMPLOY	EE LOBBYISTS		(1) Amount This		2) tivo Total			
(See instructions on reverse. Also enter the Amo			Period	Cumulative Total To Date				
(Column 1) on Line A of the Summary of Paymer	its section on page 1.)	-	\$ 0.00	\$				
			» 0.00	Ŷ	0.00			
B. PAYMENTS TO LOBBYING FIRMS	(Including Individual (	Contract Lobbyists)						
	(1)	(2)	(3)	(4)	(5)			
Name and Address of Lobbying Firm/Independent Contractor	Fees & Retainers	Reimbursements of Expenses	Advances or Other Payments	Total	Cumulative			
	T total lore			This Period				
			(attach explanation)		Total to Dat			
esolute			(attach explanation) 0.00					
esolute	45000.00	0.00		45000.00	Total to Dat 45000.00			
	45000.00	0.00		45000.00				
acramento CA 95811	45000.00	0.00		45000.00				
acramento CA 95811	45000.00 35750.01	0.00	0.00	45000.00 35750.01	45000.0			
acramento CA 95811 be A Gonsalves & Son			0.00		45000.00			
acramento CA 95811 pe A Gonsalves & Son acramento CA 95814 alifornia Advisors LLC			0.00		45000.00			
acramento CA 95811 oe A Gonsalves & Son acramento CA 95814			0.00					
acramento CA 95811 De A Gonsalves & Son acramento CA 95814 alifornia Advisors LLC	35750.01	0.00	0.00	35750.01	45000.0 35750.0			
acramento CA 95811 be A Gonsalves & Son acramento CA 95814 alifornia Advisors LLC	35750.01	0.00	0.00	35750.01	45000.0			
acramento CA 95811 De A Gonsalves & Son acramento CA 95814 alifornia Advisors LLC	35750.01	0.00	0.00	35750.01	45000.00			
acramento CA 95811 oe A Gonsalves & Son acramento CA 95814	35750.01	0.00	0.00	35750.01	45000.00			
acramento CA 95811 be A Gonsalves & Son acramento CA 95814 alifornia Advisors LLC	35750.01	0.00	0.00	35750.01	45000.00			
acramento CA 95811 De A Gonsalves & Son acramento CA 95814 alifornia Advisors LLC	35750.01	0.00	0.00	35750.01	45000.00			
acramento CA 95811 pe A Gonsalves & Son acramento CA 95814 alifornia Advisors LLC	35750.01 35520.00	0.00	0.00 0.00 0.00	35750.01	45000.0 35750.0			

## 03/31/2023

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C. ACTI	VITY EXPENSES (See instructions on revers	se.)				
Date	Name and Address of Payee	Name and Official PositionDescription ofof Reportable Persons andConsiderationAmount Benefiting EachConsideration		-	Am	otal iount ctivity
			\$		\$	
	ore space is needed, check box and attach inuation sheets.	Also		Activity Expenses) Section C on Line C of ents section on page 1.	\$	0.00
	ER PAYMENTS TO INFLUENCE LEGI E: State and local government agencies do n hment Form 640 instead.					
	AYMENTS TO LOBBYING COALITIONS (N orm 630 to this Report.)	OTE: You must attach a completed		\$ <u>0.00</u> <u></u> \$ 12246.91		
2. C	THER 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.	\$ 12:	246.91
BEF	MENTS IN CONNECTION WITH ADMI ORE THE CALIFORNIA PUBLIC UTILI hary of Payments section on page 1. (See instruction	TIES COMMISSION Also, enter the			\$	0.00

NAME OF FILER: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

**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 space is n	eeded, 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.

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## **Attachment Form 640**

(Attachment to Form 635 or Form 645)

ATTACHMENT FORM 640

CALIFORNIA 1993 FORM

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

NAME OF FILER: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

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. 0.00 \$ Report as a lump sum. 0.00 \$ 2. Total payments to Lobbying Coalitions. Report as a lump sum. (Form 630 must be attached) Total payments of less than \$250 during the calendar quarter for lobbying 3. 678.54 activity (excluding overhead). Report as a lump sum. 4. Total payments of more than \$250 during the calendar quarter for lobbying 11568.37 activity (excluding overhead). Such payments must be itemized below. Grand total of "Other Payments to Influence Legislative or Administrative 5. Action." Also enter this total on the appropriate line of the Summary of 12246.91 \$ Payments section on Page 1 of Form 635 or Form 645.

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	
JS Bank	\$	2378.94	\$	2378.94	
Fargo ND 58125					
Philip Crabbe III	\$	700.09	\$	700.09	
Diamond Bar CA 91765					
Philip Crabbe III	\$	720.09	\$	720.09	
Diamond Bar CA 91765					
Subtotal of all payments itemized above	\$	3799.12			

## **Attachment Form 640**

(Continuation Sheet)

ATTACHMENT FORM 640

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CALIFORNIA 1993 FORM 6

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

NAME OF FILER: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
Alicia Lizarraga	722.89	722.89
Diamond Bar CA 91765		
US Bank	1428.86	1428.86
Fargo ND 58125		
Denise Peralta	814.58	814.58
Diamond Bar CA 91765		
Philip Crabbe III	2238.72	2238.72
Diamond Bar CA 91765		
Alicia Lizarraga	623.90	623.90
Diamond Bar CA 91765		
US Bank	1218.91	1218.91
Fargo ND 58125		
Philip Crabbe III	721.39	721.39
Diamond Bar CA 91765		
	I	
Subtotal of all payments itemiz	ted above \$ 7769.25	