

**Campaign Statement**

**LOBBYIST**

**TOWNSEND**

**REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

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 10/01/2025 THROUGH 12/31/2025

CUMULATIVE PERIOD BEGINNING 01/01/2025

**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:  
LAFAYETTE, CITY OF (ID# 1418942)

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)  
3675 MT. DIABLO BOULEVARD, SUITE 210 LAFAYETTE, CA 94549

TELEPHONE NUMBER:  
( 925 ) 284-1968

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

(See instructions on reverse.)

Legislature re: Wildfire preparedness; AB 1, SB 79, SB 456, SB 707

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>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>22,500.00</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>0.00</u>

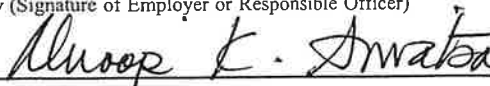
GRAND TOTAL (A + B + C + D above) ..... \$ 22,500.00

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) 01/11/2026	At (City and State) LAFAYETTE, CA	By (Signature of Employer or Responsible Officer) 
Name of Employer or Responsible Officer (Type or Print) NIROOP SRIVATSA		Title CITY MANAGER

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 10/01/2025 - 12/31/2025

**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 continuation sheets.

**PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES**

<b>A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS</b> (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
	\$ 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
TOWNSEND PUBLIC AFFAIRS, INC. 1401 DOVE STREET, SUITE 430 NEWPORT BEACH, CA 92660	22,500.00	0.00	0.00	22,500.00	78,000.00

<input type="checkbox"/> If more space is needed, check box and attach continuation sheets.	<b>TOTAL THIS PERIOD (Column 4)</b> Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.	\$ 22,500.00
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NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 10/01/2025 - 12/31/2025

<b>C. ACTIVITY EXPENSES</b> (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.			<b>TOTAL SECTION C (Activity Expenses)</b> Also enter the total of Section C on Line C of the Summary of Payments section on page 1.	\$ 0.00
<b>D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION</b>				
1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)			\$ 0.00	
2. OTHER PAYMENTS (NOTE: You must attach a completed Form 640 to this Report.)			\$ 0.00	
			<b>TOTAL SECTION D (1 + 2)</b> Also enter the total of Section D on Line D of the Summary of Payments section on page 1.	\$ 0.00
<b>E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION</b> 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

**REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

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 07/01/2025 THROUGH 09/30/2025

CUMULATIVE PERIOD BEGINNING 01/01/2025

**FOR OFFICIAL USE ONLY**

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**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:  
LAFAYETTE, CITY OF (ID# 1418942)

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)  
3675 MT. DIABLO BOULEVARD, SUITE 210 LAFAYETTE, CA 94549

TELEPHONE NUMBER:  
( 925 ) 284-1968

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

(See instructions on reverse.)

Legislature re: Wildfire preparedness; AB 1, AB 66, AB 259, AB 300, AB 650, AB 888, AB 1456, SB 79, SB 456, SB 707, SB 750

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>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>19,500.00</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above) ..... \$ 19,500.00

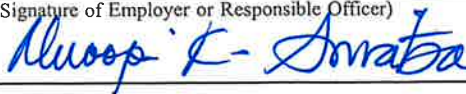
E. Total Payments in Connection with PUC Activities (Part III, Section E) ..... \$ 0.00

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) 10/16/2025	At (City and State) LAFAYETTE, CA	By (Signature of Employer or Responsible Officer) 
Name of Employer or Responsible Officer (Type or Print) NIROOP SRIVATSA		Title CITY MANAGER

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 07/01/2025 - 09/30/2025

**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 continuation sheets.

**PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES**

<b>A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS</b> (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
	\$ 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
TOWNSEND PUBLIC AFFAIRS, INC. 1401 DOVE STREET, SUITE 430 NEWPORT BEACH, CA 92660	19,500.00	0.00	0.00	19,500.00	55,500.00

<input type="checkbox"/> If more space is needed, check box and attach continuation sheets.	<b>TOTAL THIS PERIOD (Column 4)</b> Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.	\$ 19,500.00	
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NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 07/01/2025 - 09/30/2025

<b>C. ACTIVITY EXPENSES</b> (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.				<b>TOTAL SECTION C (Activity Expenses)</b> Also enter the total of Section C on Line C of the Summary of Payments section on page 1.	\$ 0.00
<b>D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION</b>					
1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)			\$ <u>0.00</u>		
			\$ <u>0.00</u>		
2. OTHER PAYMENTS (NOTE: You must attach a completed Form 640 to this Report.)					
				<b>TOTAL SECTION D (1 + 2)</b> Also enter the total of Section D on Line D of the Summary of Payments section on page 1.	\$ 0.00
<b>E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION</b> 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	

**REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

**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 04/01/2025 THROUGH 06/30/2025

CUMULATIVE PERIOD BEGINNING 01/01/2025

**FOR OFFICIAL USE ONLY**

**A**

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**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:  
LAFAYETTE, CITY OF (ID# 1418942)

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)  
3675 MT. DIABLO BOULEVARD, SUITE 210 LAFAYETTE, CA 94549

TELEPHONE NUMBER:  
( 925 ) 284-1968

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

(See instructions on reverse.)

Legislature re: Wildfire preparedness; AB 1, AB 66, AB 69, AB 259, AB 300, AB 306, AB 650, AB 888, AB 1456, SB 79, SB 90, SB 233, SB 315, SB 346, SB 456, SB 607

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>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>18,000.00</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above) ..... \$ 18,000.00

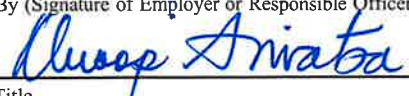
E. Total Payments in Connection with PUC Activities (Part III, Section E) ..... \$ 0.00

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) 07/16/2025	At (City and State) LAFAYETTE, CA	By (Signature of Employer or Responsible Officer) 
Name of Employer or Responsible Officer (Type or Print) NIROOP SRIVATSA		Title CITY MANAGER

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 04/01/2025 - 06/30/2025

**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 continuation sheets.

**PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES**

<b>A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS</b> (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
	\$ 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
TOWNSEND PUBLIC AFFAIRS, INC. 1401 DOVE STREET, SUITE 430 NEWPORT BEACH, CA 92660	18,000.00	0.00	0.00	18,000.00	36,000.00

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

**TOTAL THIS PERIOD (Column 4)**  
Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 18,000.00

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 04/01/2025 - 06/30/2025

<b>C. ACTIVITY EXPENSES</b> (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.			<b>TOTAL SECTION C (Activity Expenses)</b> Also enter the total of Section C on Line C of the Summary of Payments section on page 1.	\$ 0.00
<b>D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION</b>				
1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)			\$ 0.00	
2. OTHER PAYMENTS (NOTE: You must attach a completed Form 640 to this Report.)			\$ 0.00	
			<b>TOTAL SECTION D (1 + 2)</b> Also enter the total of Section D on Line D of the Summary of Payments section on page 1.	\$ 0.00
<b>E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION</b> 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

**REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

PAGE 1 OF 3

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 10/01/2024 THROUGH 12/31/2024

CUMULATIVE PERIOD BEGINNING \_\_\_\_\_ 01/01/2023 \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

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**TYPE OR PRINT IN INK**

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NAME OF FILER:  
LAFAYETTE, CITY OF (ID# 1418942)

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)  
3675 MT. DIABLO BOULEVARD, SUITE 210 LAFAYETTE, CA 94549

TELEPHONE NUMBER:  
( 925 ) 284-1968

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

(See instructions on reverse.)

Legislature: wildfire preparedness, state budget

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>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>18,000.00</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above) ..... \$ 18,000.00

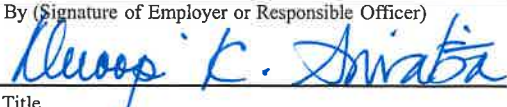
E. Total Payments in Connection with PUC Activities (Part III, Section E) ..... \$ 0.00

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) 01/17/2025	At (City and State) LAFAYETTE, CA	By (Signature of Employer or Responsible Officer) 
Name of Employer or Responsible Officer (Type or Print) NIROOP SRIVATSA		Title CITY MANAGER

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 10/01/2024 - 12/31/2024

**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 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
\$ 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
TOWNSEND PUBLIC AFFAIRS, INC. 1401 DOVE STREET, SUITE 430 NEWPORT BEACH, CA 92660	18,000.00	0.00	0.00	18,000.00	144,000.00

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

TOTAL THIS PERIOD (Column 4)  
Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 18,000.00

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 10/01/2024 - 12/31/2024

<b>C. ACTIVITY EXPENSES</b> (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.				<b>TOTAL SECTION C (Activity Expenses)</b> Also enter the total of Section C on Line C of the Summary of Payments section on page 1.
				\$ 0.00
<b>D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION</b>				
1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)			\$ 0.00	
2. OTHER PAYMENTS (NOTE: You must attach a completed Form 640 to this Report.)			\$ 0.00	
			<b>TOTAL SECTION D (1 + 2)</b> Also enter the total of Section D on Line D of the Summary of Payments section on page 1.	\$ 0.00
<b>E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION</b> 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

**Lobbying Firm  
Activity Authorization**

(Government Code Section 86104)

Check one box, if applicable

**Lobbyist Employer**  
(Gov. Code Section 82039.5)

**Lobbying Coalition**  
(FPPC Regulation 18616.4)

<b>Legislative Session</b>	<b>CALIFORNIA 602</b>
2025-2026	<b>FORM</b>
(Insert Years)	FAIR POLITICAL PRACTICES COMM.
Page 1 of 2	For Official Use Only

NAME OF FILER: LAFAYETTE, CITY OF (ID# 1418942)	EFFECTIVE DATE: 01/01/2025
BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code) 3675 MT. DIABLO BOULEVARD, SUITE 210 LAFAYETTE, CA 94549	TELEPHONE NUMBER: ( 925 ) 284-1968
MAILING ADDRESS: (If different than above.)	FAX NUMBER: (Optional) ( )
	E-MAIL: (Optional) NSrivatsa@ci.lafayette.ca.us

I hereby authorize TOWNSEND PUBLIC AFFAIRS, INC.

(Name of Lobbying Firm)

1401 DOVE STREET, SUITE 430  
NEWPORT BEACH, CA 92660

(Business Address)

to engage in the activities of a lobbying firm (as defined in California Government Code Section 82038.5 and 2 Cal. Code of Regs. Section 18238.5) on behalf of the above named employer.

If you are authorizing another lobbying firm to lobby on behalf of your firm's client(s), provide the name(s) of the client(s) below. (It is not necessary to complete the Nature and Interests section.)


NAME OF SUBCONTRACTED CLIENT:
NAME OF SUBCONTRACTED CLIENT:
NAME OF SUBCONTRACTED CLIENT:
NAME OF SUBCONTRACTED CLIENT:

**VERIFICATION**

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement 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 11/25/2024  
DATE

By   
SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer NIROOP SRIVATSA  
TYPE OR PRINT

Title CITY MANAGER



**REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

PAGE 1 OF 3

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 07/01/2024 THROUGH 09/30/2024

CUMULATIVE PERIOD BEGINNING 01/01/2023

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**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:  
LAFAYETTE, CITY OF (ID# 1418942)

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)  
3675 MT. DIABLO BOULEVARD, SUITE 210 LAFAYETTE, CA 94549

TELEPHONE NUMBER:  
( 925 ) 284-1968

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

(See instructions on reverse.)

Legislature Re: Wildfire preparedness; AB 817, AB 1567, AB 1657, AB 1779, AB 1794, AB 1886, AB 1893, AB 2236, AB 2243, AB 2430, AB 2485, AB 2557, AB 2560, AB 2561, AB 2943, AB 3209, SB 610, SB 867, SB 1037, SB 1060, SB 1509

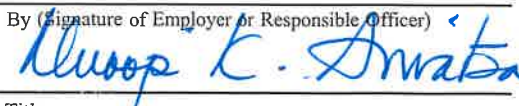
If more space is needed, check box and attach continuation sheets.

**SUMMARY OF PAYMENTS THIS PERIOD**

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1) .....	\$	<u>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>18,000.00</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>0.00</u>
GRAND TOTAL (A + B + C + D above) .....		\$ <u>18,000.00</u>
E. Total Payments in Connection with PUC Activities (Part III, Section E) .....	\$	<u>0.00</u>
F. Campaign Contributions: <input type="checkbox"/> Part IV completed and attached	<input checked="" type="checkbox"/> 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) 10/16/2024	At (City and State) LAFAYETTE, CA	By (Signature of Employer or Responsible Officer) 
Name of Employer or Responsible Officer (Type or Print) HIROOP SRIVATSA		Title CITY MANAGER

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 07/01/2024 - 09/30/2024

**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 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
\$ 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
TOWNSEND PUBLIC AFFAIRS, INC. 1401 DOVE STREET, SUITE 330 NEWPORT BEACH, CA 92660	18,000.00	0.00	0.00	18,000.00	126,000.00

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

**TOTAL THIS PERIOD (Column 4)**  
Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 18,000.00

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 07/01/2024 - 09/30/2024

<b>C. ACTIVITY EXPENSES</b> (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.				<b>TOTAL SECTION C (Activity Expenses)</b> Also enter the total of Section C on Line C of the Summary of Payments section on page 1.
				\$ 0.00
<b>D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION</b>				
1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)			\$ <u>0.00</u>	
2. OTHER PAYMENTS (NOTE: You must attach a completed Form 640 to this Report.)			\$ <u>0.00</u>	
			<b>TOTAL SECTION D (1 + 2)</b> Also enter the total of Section D on Line D of the Summary of Payments section on page 1.	\$ 0.00
<b>E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION</b> 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

**REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

PAGE 1 OF 3

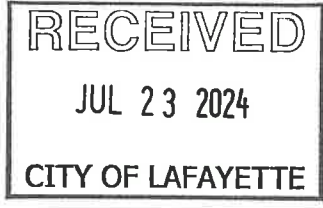
OR

**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 04/01/2024 THROUGH 06/30/2024

CUMULATIVE PERIOD BEGINNING 01/01/2023

**FOR OFFICIAL USE ONLY**

**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:  
LAFAYETTE, CITY OF (ID# 1418942)

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)  
3675 MT. DIABLO BOULEVARD, SUITE 210 LAFAYETTE, CA 94549

TELEPHONE NUMBER:  
( 925 ) 284-1968

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

(See instructions on reverse.)

Legislature: wildfire preparedness, public safety legislation, state budget; AB 817, AB 1567, AB 1657, AB 1779, AB 1794, AB 1886, AB 1893, AB 1999, AB 2236, AB 2243, AB 2430, AB 2485, AB 2560, AB 2943, AB 3209, SB 834, SB 867, SB 1037, SB 1060

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>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>18,000.00</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above) ..... \$ 18,000.00

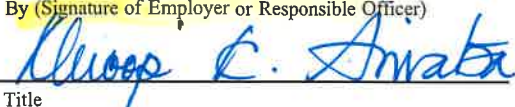
E. Total Payments in Connection with PUC Activities (Part III, Section E) ..... \$ 0.00

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) 07/20/2024	At (City and State) LAFAYETTE, CA	By (Signature of Employer or Responsible Officer) 
Name of Employer or Responsible Officer (Type or Print) NIROOP SRIVATSA		Title CITY MANAGER

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 04/01/2024 - 06/30/2024

**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 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
\$ 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
TOWNSEND PUBLIC AFFAIRS, INC. 1401 DOVE STREET, SUITE 330 NEWPORT BEACH, CA 92660	18,000.00	0.00	0.00	18,000.00	108,000.00

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

**TOTAL THIS PERIOD (Column 4)**  
Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 18,000.00

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 04/01/2024 - 06/30/2024

<b>C. ACTIVITY EXPENSES</b> (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
<b>D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION</b>					
1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)			\$ <u>0.00</u>		
2. OTHER PAYMENTS (NOTE: You must attach a completed Form 640 to this Report.)			\$ <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
<b>E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION</b> 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	

**REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

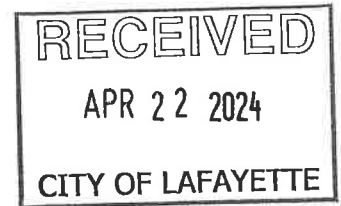
OR

**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 01/01/2024 THROUGH 03/31/2024

CUMULATIVE PERIOD BEGINNING 01/01/2023

**FOR OFFICIAL USE ONLY**

**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:  
LAFAYETTE, CITY OF (ID# 1418942)

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)  
3675 MT. DIABLO BOULEVARD, SUITE 210 LAFAYETTE, CA 94549

TELEPHONE NUMBER:  
( 925 ) 284-1968

**PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD**  
(See instructions on reverse.)

CA Department of Transportation re: infrastructure funding; Legislature re: wildfire preparedness, state budget; AB 817, AB 1657, AB 1999, AB 2236, AB 2340, SB 834

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>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>18,000.00</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above) ..... \$ 18,000.00

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) 04/16/2024	At (City and State) LAFAYETTE, CA	By (Signature of Employer or Responsible Officer) 
Name of Employer or Responsible Officer (Type or Print) NIROOP SRIVATSA		Title CITY MANAGER

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 01/01/2024 - 03/31/2024

**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 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
\$ 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
TOWNSEND PUBLIC AFFAIRS, INC. 1401 DOVE STREET, SUITE 330 NEWPORT BEACH, CA 92660	18,000.00	0.00	0.00	18,000.00	90,000.00

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

TOTAL THIS PERIOD (Column 4)  
Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 18,000.00

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 01/01/2024 - 03/31/2024

<b>C. ACTIVITY EXPENSES</b> (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.			<b>TOTAL SECTION C (Activity Expenses)</b> Also enter the total of Section C on Line C of the Summary of Payments section on page 1.	\$ 0.00
<b>D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION</b>				
1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)			\$ <u>0.00</u>	
2. OTHER PAYMENTS (NOTE: You must attach a completed Form 640 to this Report.)			\$ <u>0.00</u>	
			<b>TOTAL SECTION D (1 + 2)</b> Also enter the total of Section D on Line D of the Summary of Payments section on page 1.	\$ 0.00
<b>E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION</b> 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

**REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

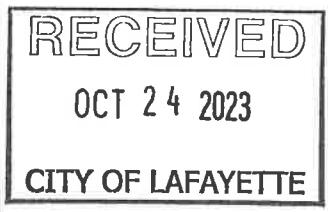
or

**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 07/01/2023 THROUGH 09/30/2023

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:  
LAFAYETTE, CITY OF (ID# 1418942)

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)  
3675 MT. DIABLO BOULEVARD, SUITE 210 LAFAYETTE, CA 94549

TELEPHONE NUMBER:  
( 925 ) 284-1968

**PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD**  
(See instructions on reverse.)

Ca Department of Transportation Re: infrastructure funding; AB 478, AB 531, AB 557, AB 610, AB 817, AB 1319, AB 1637, AB 1657, ACA 1, ACA 10, ACA 13, SB 411, SB 423, SB 436, SB 450, SB 470, SB 532, SB 834

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>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>18,000.00</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above) ..... \$ 18,000.00

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) 10/20/2023	At (City and State) LAFAYETTE, CA	By (Signature of Employer or Responsible Officer) <i>Niroop K. Srivatsa</i>
Name of Employer or Responsible Officer (Type or Print) NIROOP SRIVATSA		Title CITY MANAGER

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 07/01/2023 - 09/30/2023

**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 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
\$ 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
TOWNSEND PUBLIC AFFAIRS, INC. 1401 DOVE STREET, SUITE 330 NEWPORT BEACH, CA 92660	18,000.00	0.00	0.00	18,000.00	54,000.00

TOTAL THIS PERIOD (Column 4)  
Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 18,000.00

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

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 07/01/2023 - 09/30/2023

<b>C. ACTIVITY EXPENSES</b> (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.				<b>TOTAL SECTION C (Activity Expenses)</b> Also enter the total of Section C on Line C of the Summary of Payments section on page 1.
				\$ 0.00
<b>D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION</b>				
1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)			\$ 0.00	
2. OTHER PAYMENTS (NOTE: You must attach a completed Form 640 to this Report.)			\$ 0.00	
			<b>TOTAL SECTION D (1 + 2)</b> Also enter the total of Section D on Line D of the Summary of Payments section on page 1.	\$ 0.00
<b>E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION</b> 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

**REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

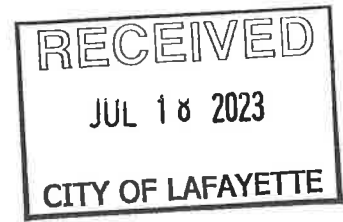
or

**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 04/01/2023 THROUGH 06/30/2023

CUMULATIVE PERIOD BEGINNING 01/01/2023

**FOR OFFICIAL USE ONLY**

**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.*

A

B

NAME OF FILER:  
LAFAYETTE, CITY OF (ID# 1418942)

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)  
3675 MT. DIABLO BOULEVARD, SUITE 210 LAFAYETTE, CA 94549

TELEPHONE NUMBER:  
( 925 ) 284-1968

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

(See instructions on reverse.)

Department of Transportation (Caltrans) Re: Infrastructure funding; Legislature Re: State budget, AB 312, AB 478, AB 502, AB 557, AB 610, AB 692, AB 817, AB 1319, AB 1637, AB 1657, ACA 10, SB 411, SB 423, SB 436, SB 470, SB 571, SB 834

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>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>18,000.00</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above) ..... \$ 18,000.00

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) 07/11/2023	At (City and State) LAFAYETTE, CA	By (Signature of Employer or Responsible Officer) <i>Niroop K. Srivatsa</i>
Name of Employer or Responsible Officer (Type or Print) NIROOP SRIVATSA		Title CITY MANAGER

NAME OF FILER: LAFAYETTE, CITY OF

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

**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 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
\$ 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
TOWNSEND PUBLIC AFFAIRS, INC. 1401 DOVE STREET, SUITE 330 NEWPORT BEACH, CA 92660	18,000.00	0.00	0.00	18,000.00	36,000.00

TOTAL THIS PERIOD (Column 4)  
 Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 18,000.00
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If more space is needed, check box and attach continuation sheets.

NAME OF FILER: LAFAYETTE, CITY OF

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

<b>C. ACTIVITY EXPENSES</b> (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.				<b>TOTAL SECTION C (Activity Expenses)</b> Also enter the total of Section C on Line C of the Summary of Payments section on page 1.	\$ 0.00
<b>D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION</b>					
1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)			\$ <u>0.00</u>		
2. OTHER PAYMENTS (NOTE: You must attach a completed Form 640 to this Report.)			\$ <u>0.00</u>		
			<b>TOTAL SECTION D (1 + 2)</b> Also enter the total of Section D on Line D of the Summary of Payments section on page 1.	\$ 0.00	
<b>E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION</b> 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	

**REPORT OF LOBBYIST EMPLOYER**

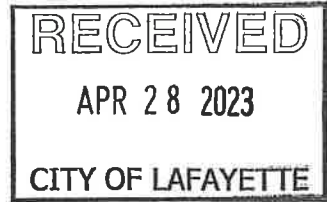
(Government Code Section 86116)

PAGE 1 OF 3

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:  
LAFAYETTE, CITY OF (ID# 1418942)

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)  
3675 MT. DIABLO BOULEVARD, SUITE 210 LAFAYETTE, CA 94549

TELEPHONE NUMBER:  
( 925 ) 284-1968

**PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD**  
(See instructions on reverse.)

CA Dept of Forestry and Fire Protection Re: wildfire prevention funding; CA Dept of Transportation Re: Sustainable Planning funding; Legislature Re: state budget funding; AB 52, AB 67, AB 478, AB 557, AB 817, ACA 1, SB 4, SB 20, SB 411, SB 423, SB 436, SB 834

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>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>18,000.00</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above) ..... \$ 18,000.00

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) 04/15/2023	At (City and State) LAFAYETTE, CA	By (Signature of Employer or Responsible Officer) 
Name of Employer or Responsible Officer (Type or Print) NIROOP SRIVATSA		Title CITY MANAGER

NAME OF FILER: LAFAYETTE, CITY OF

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

**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 continuation sheets.

**PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES**

<b>A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS</b> (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
	\$ 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
TOWNSEND PUBLIC AFFAIRS, INC. 1401 DOVE STREET, SUITE 330 NEWPORT BEACH, CA 92660	18,000.00	0.00	0.00	18,000.00	18,000.00

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

**TOTAL THIS PERIOD (Column 4)**  
Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 18,000.00

NAME OF FILER: LAFAYETTE, CITY OF

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

<b>C. ACTIVITY EXPENSES</b> (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
<b>D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION</b>				
1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)			\$ 0.00	
2. OTHER PAYMENTS (NOTE: You must attach a completed Form 640 to this Report.)			\$ 0.00	
			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
<b>E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION</b> 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

**REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

PAGE 1 OF 3

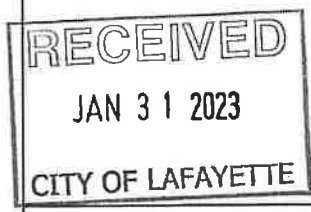
or

**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 10/01/2022 THROUGH 12/31/2022

CUMULATIVE PERIOD BEGINNING 01/01/2021

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:  
LAFAYETTE, CITY OF (ID# 1418942)

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)  
3675 MT. DIABLO BOULEVARD, SUITE 210 LAFAYETTE, CA 94549

TELEPHONE NUMBER:  
( 925 ) 284-1968

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

(See instructions on reverse.)

Legislature Re: transportation funding; California Department of Forestry and Fire Protection Re: wildfire prevention funding

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>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>18,000.00</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above) ..... \$ 18,000.00

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) 01/29/2023	At (City and State) LAFAYETTE, CA	By (Signature of Employer or Responsible Officer) Niroop K. Srivatsa <small>Digitally signed by Niroop K. Srivatsa DN: cn=Niroop K. Srivatsa, o=City of Lafayette, ou=City Manager, email=nsrivatsa@lafayette.org, c=US Date: 2023.01.29 00:41:08 -0800</small>
Name of Employer or Responsible Officer (Type or Print) NIROOP SRIVATSA		Title CITY MANAGER

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 10/01/2022 - 12/31/2022

**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 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
\$ 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
TOWNSEND PUBLIC AFFAIRS, INC. 1401 DOVE STREET, SUITE 330 NEWPORT BEACH, CA 92660	18,000.00	0.00	0.00	18,000.00	259,000.00

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

**TOTAL THIS PERIOD (Column 4)**  
 Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 18,000.00
--------------

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 10/01/2022 - 12/31/2022

<b>C. ACTIVITY EXPENSES</b> (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
<b>D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION</b>				
1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)			\$ 0.00	
2. OTHER PAYMENTS (NOTE: You must attach a completed Form 640 to this Report.)			\$ 0.00	
			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
<b>E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION</b> 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

**Lobbying Firm  
Activity Authorization**  
(Government Code Section 86104)

Check one box, if applicable

- Lobbyist Employer**  
(Gov. Code Section 82039.5)
- Lobbying Coalition**  
(FPPC Regulation 18616.4)

Legislative Session  
  
2023-2024  
(Insert Years)

Page 1 of 2

**CALIFORNIA 602**  
FORM  
FAIR POLITICAL PRACTICES COMMISSION

For Official Use Only  
**RECEIVED**  
DEC 29 2022  
CITY OF LAFAYETTE

NAME OF FILER:  
LAFAYETTE, CITY OF (ID# 1418942)

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)  
3675 MT. DIABLO BOULEVARD, SUITE 210  
LAFAYETTE, CA 94549

MAILING ADDRESS: (If different than above.)

EFFECTIVE DATE:  
01/01/2023

TELEPHONE NUMBER:  
( 925 ) 284-1968

FAX NUMBER: (Optional)  
( )

E-MAIL: (Optional)

I hereby authorize TOWNSEND PUBLIC AFFAIRS, INC.  
(Name of Lobbying Firm)

1401 DOVE STREET, SUITE 330  
NEWPORT BEACH, CA 92660  
(Business Address)

to engage in the activities of a lobbying firm (as defined in California Government Code Section 82038.5 and 2 Cal. Code of Regs. Section 18238.5) on behalf of the above named employer.

If you are authorizing another lobbying firm to lobby on behalf of your firm's client(s), provide the name(s) of the client(s) below. (It is not necessary to complete the Nature and Interests section.)

NAME OF SUBCONTRACTED CLIENT:  
\_\_\_\_\_  
NAME OF SUBCONTRACTED CLIENT:  
\_\_\_\_\_  
NAME OF SUBCONTRACTED CLIENT:  
\_\_\_\_\_  
NAME OF SUBCONTRACTED CLIENT:  
\_\_\_\_\_

**VERIFICATION**

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement 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 12/07/2022  
DATE

By Niroop K. Srivatsa  
SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer NIROOP SRIVATSA  
TYPE OR PRINT

Title CITY MANAGER

**Lobbying Firm  
Activity Authorization**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER:

LAFAYETTE, CITY OF

**Nature and Interests of Lobbyist Employer**

Check one box only:

- INDIVIDUAL (Complete only Parts A and E)       BUSINESS ENTITY (Complete only Parts B and E)       INDUSTRY, TRADE OR PROFESSIONAL ASSN. (Complete only Parts C and E)       OTHER (e.g., lobbying coalition) (Complete only Parts D and E)

**A. Individual**

1. Name and address of employer (or principal place of business if self-employed):

2. Description of business activity in which you or your employer are engaged:

**B. Business Entity**

Description of business activity in which engaged:

**C. Industry, Trade or Professional Association**

1. Description of industry, trade or profession represented:

2. Specific description of any portion or faction of the industry, trade, or profession which the association exclusively or primarily represents:

3. Number of members in association (check appropriate box)

- 50 OR LESS (provide names of all members on an attachment.)       MORE THAN 50

**D. Other**

1. Statement of nature and purposes:

MUNICIPAL GOVERNMENT

2. Description of any trade, profession, or other group with a common economic interest which is principally represented or from which membership or financial support is principally derived:

MUNICIPAL GOVERNMENT

**E. Industry Group Classification**

Check one box which most accurately describes the industry group which you represent. See instructions on reverse.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> AGRICULTURE           | <input type="checkbox"/> LEGAL                    | BUSINESS (Check one of the following sub-categories.) |
| <input type="checkbox"/> EDUCATION             | <input type="checkbox"/> PUBLIC EMPLOYEES         |   |
| <input checked="" type="checkbox"/> GOVERNMENT | <input type="checkbox"/> POLITICAL ORGANIZATIONS  |   |
| <input type="checkbox"/> HEALTH                | <input type="checkbox"/> UTILITIES                |   |
| <input type="checkbox"/> LABOR UNIONS          | <input type="checkbox"/> OTHER: _____             |   |
|  |   |   |
|  | <input type="checkbox"/> ENTERTAINMENT/RECREATION | <input type="checkbox"/> OIL AND GAS                  |
|  | <input type="checkbox"/> FINANCE/INSURANCE        | <input type="checkbox"/> PROFESSIONAL/TRADE           |
|  | <input type="checkbox"/> LODGING/RESTAURANTS      | <input type="checkbox"/> REAL ESTATE                  |
|  | <input type="checkbox"/> MANUFACTURING/INDUSTRIAL | <input type="checkbox"/> TRANSPORTATION               |
|  | <input type="checkbox"/> MERCHANDISE/RETAIL       | <input type="checkbox"/> OTHER: _____                 |

**REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

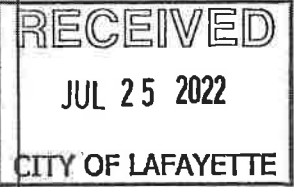
OR

**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 04/01/2022 THROUGH 06/30/2022

CUMULATIVE PERIOD BEGINNING 01/01/2021

**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:  
LAFAYETTE, CITY OF (ID# 1418942)

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)  
3675 MT. DIABLO BOULEVARD, SUITE 210 LAFAYETTE, CA 94549

TELEPHONE NUMBER:  
( 925 ) 284-1968

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

(See instructions on reverse.)

Legislature, Governors Office Re: COVID-19 funding, State Budget; AB 682, AB 1814, AB 1944, AB 2011, AB 2050, AB 2053, AB 2063, AB 2097, AB 2334, AB 2656, ACA 14, SB 833, SB 878, SB 932, SB 1457, SB 1482, SCA 2

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 I) .....	\$	<u>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>18,000.00</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above) ..... \$ 18,000.00

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) 07/18/2022	At (City and State) LAFAYETTE, CA	By (Signature of Employer or Responsible Officer) Niroop K. Srivatsa <small>Digitally signed by Niroop K. Srivatsa DN: cn=Niroop K. Srivatsa, o=City of Lafayette, ou=City of Lafayette, email=nsrivatsa@lafayetteinfo.org, c=US Date: 2022.07.25:18:49:57-07</small>
Name of Employer or Responsible Officer (Type or Print) NIROOP SRIVATSA		Title CITY MANAGER

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 04/01/2022 - 06/30/2022

**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 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
\$ 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
TOWNSEND PUBLIC AFFAIRS, INC. 1401 DOVE STREET, SUITE 330 NEWPORT BEACH, CA 92660	18,000.00	0.00	0.00	18,000.00	223,000.00

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

**TOTAL THIS PERIOD (Column 4)**  
 Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 18,000.00

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 04/01/2022 - 06/30/2022

<b>C. ACTIVITY EXPENSES</b> (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.				<b>TOTAL SECTION C (Activity Expenses)</b> Also enter the total of Section C on Line C of the Summary of Payments section on page 1.	\$ 0.00
<b>D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION</b>					
1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)			\$ 0.00		
2. OTHER PAYMENTS (NOTE: You must attach a completed Form 640 to this Report.)			\$ 0.00		
			<b>TOTAL SECTION D (1 + 2)</b> Also enter the total of Section D on Line D of the Summary of Payments section on page 1.	\$ 0.00	
<b>E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION</b> 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	

**REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

PAGE 1 OF 3

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 07/01/2022 THROUGH 09/30/2022

CUMULATIVE PERIOD BEGINNING 01/01/2021

**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:  
LAFAYETTE, CITY OF (ID# 1418942)

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)  
3675 MT. DIABLO BOULEVARD, SUITE 210 LAFAYETTE, CA 94549

TELEPHONE NUMBER:  
( 925 ) 284-1968

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

(See instructions on reverse.)

AB 682, AB 916, AB 988, AB 1445, AB 1685, AB 1717, AB 1740, AB 1951, AB 1985, AB 2011, AB 2097, AB 2334, AB 2449, AB 2656, SB 6, SB 833, SB 897, SB 932, SB 1482

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>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>18,000.00</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above) ..... \$ 18,000.00

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) 10/16/2022	At (City and State) LAFAYETTE, CA	By (Signature of Employer or Responsible Officer)
Name of Employer or Responsible Officer (Type or Print) NIROOP SRIVATSA		Title CITY MANAGER

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 07/01/2022 - 09/30/2022

**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 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
\$ 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
TOWNSEND PUBLIC AFFAIRS, INC. 1401 DOVE STREET, SUITE 330 NEWPORT BEACH, CA 92660	18,000.00	0.00	0.00	18,000.00	241,000.00

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

**TOTAL THIS PERIOD (Column 4)**  
Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 18,000.00

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 07/01/2022 - 09/30/2022

<b>C. ACTIVITY EXPENSES</b> (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.				<b>TOTAL SECTION C (Activity Expenses)</b> Also enter the total of Section C on Line C of the Summary of Payments section on page 1.	\$ 0.00
<b>D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION</b>					
1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)			\$ <u>0.00</u>		
2. OTHER PAYMENTS (NOTE: You must attach a completed Form 640 to this Report.)			\$ <u>0.00</u>		
			<b>TOTAL SECTION D (1 + 2)</b> Also enter the total of Section D on Line D of the Summary of Payments section on page 1.	\$ 0.00	
<b>E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION</b> 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	

**REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

**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 04/01/2025 THROUGH 06/30/2025

CUMULATIVE PERIOD BEGINNING 01/01/2025

**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:  
LAFAYETTE, CITY OF (ID# 1418942)

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)  
3675 MT. DIABLO BOULEVARD, SUITE 210 LAFAYETTE, CA 94549

TELEPHONE NUMBER:  
( 925 ) 284-1968

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

(See instructions on reverse.)

Legislature re: Wildfire preparedness; AB 1, AB 66, AB 69, AB 259, AB 300, AB 306, AB 650, AB 888, AB 1456, SB 79, SB 90, SB 233, SB 315, SB 346, SB 456, SB 607

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>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>18,000.00</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above) ..... \$ 18,000.00

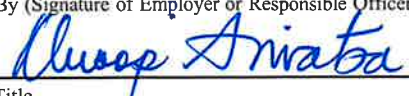
E. Total Payments in Connection with PUC Activities (Part III, Section E) ..... \$ 0.00

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) 07/16/2025	At (City and State) LAFAYETTE, CA	By (Signature of Employer or Responsible Officer) 
Name of Employer or Responsible Officer (Type or Print) NIROOP SRIVATSA		Title CITY MANAGER

NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 04/01/2025 - 06/30/2025

**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 continuation sheets.

**PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES**

<b>A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS</b> (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
	\$ 0.00	\$ 0.00

<b>B. PAYMENTS TO LOBBYING FIRMS</b> (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
TOWNSEND PUBLIC AFFAIRS, INC. 1401 DOVE STREET, SUITE 430 NEWPORT BEACH, CA 92660	18,000.00	0.00	0.00	18,000.00	36,000.00

<input type="checkbox"/> If more space is needed, check box and attach continuation sheets.	<b>TOTAL THIS PERIOD (Column 4)</b> Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.	\$ 18,000.00	
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NAME OF FILER: LAFAYETTE, CITY OF

PERIOD COVERED: 04/01/2025 - 06/30/2025

<b>C. ACTIVITY EXPENSES</b> (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.				<b>TOTAL SECTION C (Activity Expenses)</b> Also enter the total of Section C on Line C of the Summary of Payments section on page 1.
				\$ 0.00
<b>D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION</b>				
1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)			\$ 0.00	
2. OTHER PAYMENTS (NOTE: You must attach a completed Form 640 to this Report.)			\$ 0.00	
			<b>TOTAL SECTION D (1 + 2)</b> Also enter the total of Section D on Line D of the Summary of Payments section on page 1.	\$ 0.00
<b>E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION</b> 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