

Check the applicable box:

Lobbyist Employer Registration Statement

Lobbying Coalition Registration Statement

(Government Code Section 86105)

Type or Print in Ink

Legislative Session

2011-2012
(Insert Years)

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CALIFORNIA FORM 603

FAIR POLITICAL PRACTICES COMM.

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

DEC 15 2011

DEBRA BOWEN

Secretary of State

If registered on or after the DATE QUALIFIED:

12/14/2011

TELEPHONE NUMBER:

(212) 407-4600

FAX NUMBER: (Optional)

()

E-MAIL: (Optional)

NAME OF LOBBYIST EMPLOYER OR LOBBYING COALITION:

GAM USA Inc.

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)

One Rockefeller Plaza, 21st Floor, N.Y., N.Y. 10020

MAILING ADDRESS: (If different than above)

I Lobbyists and Lobbying Firms Employed

- List the full name of each in-house lobbyist employed and each lobbying firm with which you contract.

In-House Employee Lobbyists:

Kathryn Cicoletti

Lobbying Firms:

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

II List Below the State Agencies Whose Actions you Will Attempt to Influence

- Will you attempt to influence the State Legislature? Yes No

CalSTRS

CalPERS

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

III Description of Lobbying Interests

- For assistance, see the instructions on the back of this form or the "Information Manual on Lobbying Disclosure Provisions of the Political Reform Act."

Investments

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 12/14/2011
DATE

By Sharon Ingram
SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Sharon Ingram
TYPE OR PRINT

Title V.P., Chief Compliance Officer

**Lobbyist Employer/Lobbying
Coalition Registration Statement**

SEE INSTRUCTIONS ON REVERSE

Type or Print in Ink

NAME OF LOBBYIST EMPLOYER OR LOBBYING COALITION:

GAM USA Inc.

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Nature and Interests of Filer

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:

Investment Management Services

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:

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:

E. Industry Group Classification

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

AGRICULTURE

LEGAL

BUSINESS (Check one of the following sub-categories.)

EDUCATION

PUBLIC EMPLOYEES

ENTERTAINMENT/RECREATION

OIL AND GAS

GOVERNMENT

POLITICAL ORGANIZATIONS

FINANCE/INSURANCE

PROFESSIONAL/TRADE

HEALTH

UTILITIES

LODGING/RESTAURANTS

REAL ESTATE

LABOR UNIONS

OTHER: _____

MANUFACTURING/INDUSTRIAL

TRANSPORTATION

MERCHANDISE/RETAIL

OTHER: *Investment Management Services*

(Describe)

(Describe)

Lobbyist Certification Statement

(Government Code Section 86103)

Legislative Session 2011-2012 (Insert Years)	CALIFORNIA FORM 604 FAIR POLITICAL PRACTICES COMMISSION in the office of the Secretary of State of the State of California DEC 15 2011 + \$ 50.00 ck # 17833 PHOTO 12/14/2011 SECRETARY OF STATE
NAME OF LOBBYIST: (Last) (First) (M.I.) Cicoletti Kathryn M.	TELEPHONE NUMBER: (310) 231-8723
BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code) 11601 Wilshire Boulevard Brentwood, CA 90025	FAX NUMBER: (Optional) () ()
MAILING ADDRESS: (If different than above) Suite 500	E-MAIL: (Optional)
NAME OF LOBBYIST EMPLOYER OR LOBBYING FIRM: GAM USA Inc.	

Type or Print in Ink

Check Box if an Amendment

NAME OF LOBBYIST: (Last) (First) (M.I.)
Cicoletti Kathryn M.

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)
11601 Wilshire Boulevard Brentwood, CA 90025

MAILING ADDRESS: (If different than above)
Suite 500

NAME OF LOBBYIST EMPLOYER OR LOBBYING FIRM:
GAM USA Inc.

I. LOBBYIST ETHICS ORIENTATION COURSE

Check one box:

I have not taken the course within the previous 12 months. I will attend the course (check one):

- New Certification - Within the next 12 months
- Renewal - By June 30 of the next calendar year

I completed the course on ____/____/____ (Mo./Day/Year)

II. AGENCIES LOBBIED

Check one box:

I will lobby the agencies identified on the Lobbyist Employer or Lobbying Firm Registration Statement (Form 601/603) and subsequent amendments.

I will *only* lobby the agencies identified below:

Will you lobby the State Legislature? State Agencies: _____

Yes No

III. LOBBYIST RESTRICTIONS

By signing the verification below, I certify that I have read and understand that I am subject to the prohibitions contained in Government Code Sections 86203 and 86205. (Provided on reverse.)

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 12/14/2011 By K. Cicoletti

DATE SIGNATURE OF LOBBYIST