

Amendment to Registration Statement
(Government Code Section 86107)

Legislative Session	CALIFORNIA 605 FORM FAIR POLITICAL PRACTICES COMM. Of the State of California
2011-2012 (Insert Years)	
DEC 15 2011	
Hand Delivered, Sacramento Debra Bowen, Secretary of State	

Check the applicable box:

- LOBBYING FIRM REGISTRATION
- LOBBYIST EMPLOYER REGISTRATION
- LOBBYING COALITION REGISTRATION

Type or Print in Ink

NAME OF FILER:

KP Public Affairs

ADDRESS (Number and Street)

(City)

(State)

(Zip)

TELEPHONE NUMBER:

1201 K Street, Suite 800

Sacramento

CA

95814

(916) 448-2162

I Description of Changes (See instructions on cover sheet and examples on the back of this page.)

Check appropriate box(es)

Adding Lobbyist

_____/_____/_____
Name of Lobbyist Effective Date
Attach Form 604

Lobbying Firm Deleting Lobbyist Employer

_____/_____/_____
Name of Employer Effective Date
No attachment required

Lobbying Firm Adding Lobbyist Employer
(Including Subcontract Clients)

K Road Calico Solar LLC 11 / 7 / 11
Name of Lobbyist Employer Effective Date
Complete Part II and Attach Form 602

Registered Lobbyist Employer Deleting Lobbying Firm

_____/_____/_____
Name of Firm Effective Date
No attachment required

Registered Lobbyist Employer Adding Lobbying Firm

_____/_____/_____
Name of Lobbying Firm Effective Date
No attachment required

Deleting Lobbyist

- Check one
- Form 606 is attached as the lobbyist is ceasing activities as a lobbyist.
 - Form 606 is NOT attached as the lobbyist is no longer employed by the filer but will lobby on behalf of others. (Gov. Code Section 86107 requires the lobbyist and the new employer to file the appropriate forms within 20 days.)

Other - Describe in detail and provide attachments as required.

_____/_____/_____
Effective Date

VERIFICATION

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

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

Executed On 12/14/11
DATE

By [Signature]
SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Eric Newman Title Partner
TYPE OR PRINT

43300-SSD

Amendment to Registration Statement

(Government Code Section 86107)

CALIFORNIA
FORM **605**
FAIR POLITICAL PRACTICES COMM.
Page 2

Type or Print in Ink

NAME OF FILER:

KP Public Affairs

II Adding A Lobbyist Employer

- Complete *Section A* when adding a lobbyist employer that is a direct client of the lobbying firm.
- Complete *Section B* if the client is subcontracted by another lobbying firm.
- Attach a completed Form 602.

SECTION A

Name of Lobbyist Employer

K Road Calico Solar LLC

Business Address: (Number and Street) (City) (State) (Zip)

One Embarcadero Center, Suite 360 San Francisco, CA 94111

Agencies to be Lobbied

Description of Lobbying Interests

Period of Contract

Governor's Office and Legislature

Legislation concerning renewable power
permitting processes

indefinite

Name of Lobbyist Employer

Business Address: (Number and Street) (City) (State) (Zip)

Agencies to be Lobbied

Description of Lobbying Interests

Period of Contract

SECTION B

Name of Subcontracting Lobbying Firm

Business Address: (Number and Street) (City) (State) (Zip)

Name of Client on Whose Behalf Lobbying Will Occur:

Address and Telephone Number of Client on Whose Behalf Lobbying Will Occur:

Agencies to be Lobbied

Description of Client's Lobbying Interests

Period of Contract

**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)

Type or Print in Ink

Legislative Session in the off of	RECEIVED AND FILED CALIFORNIA FORM 602 FAIR POLITICAL PRACTICES COMM. DEC 15 2011 For Official Use Only
2011-2012 (Insert Years)	Hand Delivered, Sacramento Debra Bowen, Secretary of State
Page <u>1</u> of <u>2</u>	

NAME OF FILER: K Road Calico Solar LLC	EFFECTIVE DATE: November 7, 2011
BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code) One Embarcadero Center, Suite 360 San Francisco, CA 94111	TELEPHONE NUMBER: (415) 799-4090
MAILING ADDRESS: (If different than above.)	FAX NUMBER: (Optional) () E-MAIL: (Optional)

I hereby authorize KP Public Affairs (Name of Lobbying Firm)
1201 K Street, Suite 800 Sacramento, CA 95814 (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 11/17/11 DATE By [Signature] SIGNATURE OF RESPONSIBLE OFFICER
Name of Responsible Officer SEAN Gallagher PRINT OR TYPE Title Managing Director

**Lobbying Firm
Activity Authorization**

SEE INSTRUCTIONS ON REVERSE

Type or Print in Ink

NAME OF FILER:

K Road Calico Solar LLC

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:

Solar Power Development

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.

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