

COPY

Amendment to Registration Statement

(Government Code Section 86107)

RECEIVED AND FILED

in the office of the Secretary of State of the State of California

APR 12 2018

Legislative Session

CALIFORNIA FORM 605

FAIR POLITICAL PRACTICES COMM.

For Official Use Only

2017-18

(Insert Years)

Check the applicable box:

- LOBBYING FIRM REGISTRATION
LOBBYIST EMPLOYER REGISTRATION
LOBBYING COALITION REGISTRATION

Type or Print in Ink

Hand Delivered, Sacramento

NAME OF FILER:

McCallum Group, Inc.

ADDRESS (Number and Street)

(City)

(State)

(Zip)

TELEPHONE NUMBER:

1130 K Street, Suite 150

Sacramento

CA

95814

(916) 446-5058

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)

Up from the Ashes 04/11/2018

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

Name of Lobbyist Effective Date

Form 606 is attached as the lobbyist is ceasing activities as a lobbyist.

Other - Describe in detail and provide attachments as required.

Effective Date

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.)

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 04/11/2018

DATE

By

SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Patrick McCallum

TYPE OR PRINT

Title President

Amendment to Registration Statement
(Government Code Section 86107)

Type or Print in Ink

NAME OF FILER:

McCallum Group, Inc.

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

Up from the Ashes

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

650 California Street, 6th Floor San Francisco CA 94108

Agencies to be Lobbied	Description of Lobbying Interests	Period of Contract
Legislature, administration,	Issues and legislation related to California natural disasters CA Public Utilities Commission, CA Insurance Commission	Ongoing

Name of Lobbyist Employer

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

Agencies to be Lobbied	Description of Lobbying Interests	Period of Contract
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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
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Lobbying Firm
Activity Authorization
 (Government Code Section 86104)

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 of the State of California

Legislative Session	CALIFORNIA FORM 602 FPPC POLITICAL PRACTICES COMM For Official Use Only
2017-18 (Insert Years)	
Page <u>1</u> of <u>2</u>	

Check *one* box, if applicable

- Lobbyist Employer**
 (Gov. Code Section 82039.5)
- Lobbying Coalition**
 (FPPC Regulation 13616.4)

APR 12 2018

Hand Delivered, Sacramento

Type or Print in Ink

NAME OF FILER:

Up From the Ashes

EFFECTIVE DATE:
04/10/2018

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

650 California Street, 6th Floor San Francisco CA 94108

TELEPHONE NUMBER:
()

FAX NUMBER: (Optional)
()

MAILING ADDRESS: (If different than above.)

E-MAIL: (Optional)

I hereby authorize McCallum Group, Inc.

(Name of Lobbying Firm)

1130 K Street, Suite 150

(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:

UP FROM THE ASHES

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 4/10/18
DATE

By [Signature]
SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Frank Pitre
PRINT OR TYPE

Title OFFICER / BO OF DIRECTORS

**Lobbying Firm
Activity Authorization**

SEE INSTRUCTIONS ON REVERSE

Type or Print in Ink

NAME OF FILER:

Up From the Ashes

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 fraction 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:

Coalition for victims of California wild fires

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:

GROUP OF INDIVIDUAL LAW FIRMS

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 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 checked="" type="checkbox"/> OTHER: Disaster Relief
(Describe in detail) | <input type="checkbox"/> MANUFACTURING/INDUSTRIAL | <input type="checkbox"/> TRANSPORTATION |
| | | <input type="checkbox"/> MERCHANDISE/RETAIL | <input type="checkbox"/> OTHER: _____
(Specific Description) |