☒ **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 01/01/2010 **THROUGH** 03/31/2010

CUMULATIVE PERIOD BEGINNING 01/01/2009

FOR OFFICIAL USE ONLY

A AMENDMENT 1

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:

NEVADA,COUNTY OF

BUSINESS ADDRESS: (Number and Street)	(City)	(State)	(Zip Code)	TELEPHONE NUMBER:
	Nevada City	CA	95959-8611	

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

See attached TEXT

☒ 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)	$	0.00
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4)	$	9000.00
C. Total Activity Expenses (Part III, Section C)	$	0.00
D. Total Other Payments to Influence (Part III, Section D)	$	23111.50
GRAND TOTAL (A + B + C + D above)	$	32111.50
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)	At (City and State)	By (Signature of Employer or Responsible Officer)
05/19/2010	Nevada City,CA	Mr. Richard Haffey

Name of Employer or Responsible Officer (Type or Print)	Title
Mr. Richard Haffey	CEO

PERIOD COVERED: 01/01/2010 03/31/2010

NAME OF FILER: NEVADA,COUNTY OF

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
PETERSON CONSULTING,INC. Sacramento, CA 95814	9000.00	0.00	0.00	9000.00	42000.00

☐ 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.

$ 9000.00

PERIOD COVERED: 01/01/2010 03/31/2010

NAME OF FILER: NEVADA,COUNTY OF

C. ACTIVITY EXPENSES (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
			$		$

☐ 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

D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION

☒ NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.

1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.) $ 0.00

2. OTHER PAYMENTS $ 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

E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION 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

PERIOD COVERED: 01/01/2010 03/31/2010

NAME OF FILER: NEVADA,COUNTY OF

PART IV -- CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of $100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which Has Filed A Campaign Disclosure Statement:

Identification Number if Recipient Committee:

B. Contributions of $100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

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

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

Attachment Form 640

(Attachment to Form 635 or Form 645)

CALIFORNIA 1993 FORM **640**

5/9

PERIOD COVERED: 01/01/2010--03/31/2010

NAME OF FILER: NEVADA,COUNTY OF

For Use By: A state or local government agency that qualifies as a lobbyist employer or a $5,000 filer. Refer to the instructions on the cover page before completing this attachment.

Other Payments to Influence Legislative or Administrative Action:

1. Total payments for overhead expenses related to lobbying activity. Report as a lump sum.	$ 0.00
2. Total payments to Lobbying Coalitions. Report as a lump sum. (Form 630 must be attached)	$ 0.00
3. Total payments of less than $250 during the calendar quarter for lobbying activity (excluding overhead). Report as a lump sum.	$ 0.00
4. Total payments of more than $250 during the calendar quarter for lobbying activity (excluding overhead). Such payments must be itemized below.	$ 23111.50
5. Grand total of "Other Payments to Influence Legislative or Administrative Action." Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645.	$ 23111.50

Itemize below payments of $250 or more made during the quarter for lobbying activity. Provide the name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the biennial legislative session covered by the report.

Also itemize dues or similar payments of $250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or $15,000 or more in a calendar quarter to influence legislative or administrative action. Provide the organization's name and address, the amount paid to the organization during the quarter, and the cumulative amount paid to the organization since January 1 of the biennial legislative session covered by the report.

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1
County Health Executive Association of California Sacramento CA 95814	$ 1722.00	$ 3444.00
Nevada County Bar Association Nevada City CA 95959	$ 540.00	$ 990.00
Metropolitan Information Exchange c/o Steve Monaghan,Treasurer Nevada City CA 95959	$ 500.00	$ 500.00
Subtotal of all payments itemized above	$ 2762.00	

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

Attachment Form 640

(Continuation Sheet)

CALIFORNIA 1993 FORM **640**

PERIOD COVERED: 01/01/2010--03/31/2010

NAME OF FILER: NEVADA,COUNTY OF

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
California Resource Recovery Association (CRRA) San Luis Obispo CA 93406-1228	600.00	600.00
Waste Environment Federation Merrifield VA 22118-0045	354.00	1062.00
California Library Association Sacramento CA 95814-1713	750.00	750.00
American Planning Association (APA) Carol Stream IL 60197-4291	400.00	1315.00
California Conference of Local Health Dept Nursing Directors (CCLHDND) Boulder Creek CA 95006	375.00	650.00
The State Bar of California San Francisco CA 94105-1639	8397.50	12797.50
State Bar of California Los Angeles CA 90084-2142	1230.00	1640.00
California State Sheriff's Association Sacramento CA 95814	3183.00	6366.00
California Assessor's Association Bridgeport CA 93517	520.00	520.00
Subtotal of all payments itemized above	$ 15809.50	

Attachment Form 640

(Continuation Sheet)

CALIFORNIA 1993 FORM **640**

PERIOD COVERED: 01/01/2010--03/31/2010

NAME OF FILER: NEVADA,COUNTY OF

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
International Association of Clerks,Recorders,Election Officials and Treasurer (IACREOT) Eagle CO 81631	310.00	310.00
CalPelra Executive Office CalPelra Menlo Park CA 94025	350.00	350.00
California Onsite Wastewater Chico CA 95927-8047	350.00	350.00
Public Risk Mgnt Assoc PRIMA Alexandria VA 22314	350.00	350.00
County Alcohol & Drug Program Administrators Assoc of California Sacramento CA 95814	3180.00	3180.00
Subtotal of all payments itemized above	$ 4540.00	

AMENDMENT TO LOBBYING DISCLOSURE REPORT

FOR USE BY FILERS AMENDING REPORTS FILED PURSUANT TO GOVERNMENT CODE SECTIONS 86100-86117

FORM 690
1990

TYPE OR PRINT IN INK

FOR OFFICIAL USE ONLY

A

B

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:
NEVADA,COUNTY OF

NAME OF EMPLOYER OR FIRM: (If this amendment is being filed by a lobbyist)
NEVADA,COUNTY OF

BUSINESS ADDRESS OF FILER: (Number and Street)	(City)	(State)	(Zip Code)	TELEPHONE NUMBER:
	Nevada City	CA	95959-8611	

(The information required must correspond to the information provided on the original report filed.)

1. The following information amends the lobbying disclosure report Form No. F635 executed on 04/29/2010 (Mo. - Day - Year)

   for the period 01/01/2010 to 03/31/2010.

2. Amended information affects items on Part(s) Part D Section(s) Other payments to i - nfluence.

3. Describe changes below.

Added payments that were accidentally left off original report.

VERIFICATION

I have used all reasonable diligence in preparing this Amendment. I have reviewed the 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 (Date)	At (City and State)	By (Signature of Filer)
05/19/2010	Nevada City,CA	Mr. Richard Haffey

Name of Filer (Type or Print)	Title
Mr. Richard Haffey	CEO

TEXT ANNOTATION

PAGE 1

Schedule F635 **Reference No:**

ABs: 12,25,42,45,50,64,155,188,222,241,242,243,267,303,324,411,474,479,517,523,528,530,544,548,551,560,564,566,576,580,609,626, -
633,640,655,666,680,682,697,715,719,724,729,732,733,737,742,754,761,763,772,815,820,824,827,845,847,852,853,861,900,911,914,9 -
55,958,978,979,992,1012,1031,1046,1052,1053,1066,1069,1083,1084,1087,1093,1106,1149,1165,1172,1178,1196,1198,1204,1227,1229 -
,1232,1242,1245,1249,1272,1300,1311,1339,1354,1355,1361,1364,1366,1375,1376,1383,1388,1405,1406,1409,1413,1438,1439,1441,1 -
486,1487,1494,1499,1511,1516,1525,1530,1532,1541,1547,1594,ACA 9,ACA 10,ACA 12,& ACR 14; SBs: 12,56,69,85,113,135,152,174, -
194,196,229,250,285,289,310,312,318,321,352,357,398,401,402,404,406,412,414,415,441,448,455,457,458,469,476,481,484,490,492,5 -
03,505,516,519,527,539,555,565,578,583,627,630,670,671,676,678,679,684,693,694,715,716,726,730,734,744,752,760,766,769,778,782 -
,790,791,802,804,808,810,813,816,X7 1,X7 2,X7 6,X7 7,X7 8,SCA 12,SCA 18,& SCR 13.