

Check the applicable box:

Lobbyist Employer Registration Statement

Lobbying Coalition Registration Statement

(Government Code Section 86105)

Type or Print in ink

Legislative Session	CALIFORNIA FORM 603 <small>FAIR POLITICAL PRACTICES COMM. For Official Use Only</small>
<u>2019</u> <u>2020</u> (Insert Years)	
1/4	

NAME OF LOBBYIST EMPLOYER OR LOBBYING COALITION:

OEP CAPITAL ADVISORS,L.P.

If this is an initial registration, enter the DATE QUALIFIED:

08/29/2018

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

NEW YORK NY 10022

TELEPHONE NUMBER:

FAX NUMBER: (Optional)

MAILING ADDRESS: (If different than above)

E-MAIL: (Optional)

info@oneequity.com

I Lobbyists and Lobbying Firms Employed

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

Please see attached pages

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

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

Please see attached pages

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." Lobbyist employer may solicit governmental pension plans as underlying beneficial owners in pooled investment fu

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 09/18/2019
DATE

By Dora Stojka
SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Dora Stojka
TYPE OR PRINT

Title Chief Administrative Officer

Lobbyist Employer/Lobbying Coalition Registration Statement

SEE INSTRUCTIONS ON REVERSE

Type or Print in ink

NAME OF LOBBYIST EMPLOYER OR LOBBYING COALITION:

OEP CAPITAL ADVISORS,L.P.

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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:

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:
Private Investment Fund Sponsor

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 | 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: Private Investment Fund Sponsor (Describe) | <input type="checkbox"/> MANUFACTURING/INDUSTRIAL | <input type="checkbox"/> TRANSPORTATION |
| | | <input type="checkbox"/> MERCHANDISE/RETAIL | <input type="checkbox"/> OTHER _____ (Describe) |

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Employee Lobbyist

DAVID LIPPIN

Lobbyist Employer/Lobbying Coalition Registration Statement

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

California Public Employees' Retirement System (CalPERS)

California State Teachers' Retirement System (CalSTRS)

San Francisco Employees' Retirement System (SFERS)

University of California Retirement System (UCRS)

Los Angeles Fire and Police Pensions (LAFPP)
