

LOBBYIST REPORT
(Government Code Section 86113)

REPORT COVERS PERIOD FROM 07/01/2020 THROUGH 09/30/2020

FORM 615
1990

IMPORTANT: This report is to be completed by the lobbyist and attached to the Report of Lobbying Firm (Form 625) or Report of Lobbyist Employer/Report of Lobbying Coalition (Form 635), whichever is applicable.

FOR OFFICIAL USE ONLY

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: (Last) (First) (M.I.)
RITTER DENNEILE

NAME OF FIRM, EMPLOYER, OR COALITION:

American Property Casualty Insurance Association

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code) TELEPHONE NUMBER:
SACRAMENTO CA 95814

MAILING ADDRESS: (If different than above) CHICAGO IL 60631

PART I - ACTIVITY EXPENSES PAID, INCURRED, ARRANGED OR PROVIDED BY THE LOBBYIST (See definitions and instructions on reverse.)

I have reviewed the form and instructions for reporting Activity Expenses and I have nothing to report.

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

PART II - CAMPAIGN CONTRIBUTIONS MADE OR DELIVERED (See instructions on reverse.)

I have reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:

Part II has been completed and is attached. I have nothing to report.

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.

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EXECUTED ON (DATE)	AT (CITY AND STATE)	BY (SIGNATURE OF LOBBYIST)
10/07/2020	Sacramento, CA	Denneile Ritter