		ORT OF LOBBYIST (Government Code Section Or		R	1/7
		DRT OF LOBBYING Cal. Code of Regs. Secti		N	
FORM 635 1993		ANT: Lobbying Coalition pleted Form 635-C to			
R	EPORT COVERS PE	ERIOD FROM 01/01/2011	THROUG	H 03/31/2011	FOR OFFICIAL USE ONLY
с	UMULATIVE PERIO	D BEGINNING	01/01/201	l	A AMENDMENT 1
		TYPE OR PRINT IN	INK		
For information required to b Manual on Lobbying Disclos		ant to the Information Practices litical Reform Act.	Act of 1977, se	e Information	В
NAME OF FILER:					
SAN DIEGO COUNTY R	EGIONAL AIRPORT	AUTHORITY			1
BUSINESS ADDRESS: (Number	er and Street)	(City)	(State)	(Zip Code)	TELEPHONE NUMBER:
		San Diego	CA	92138-2897	
If more space is needed,	check box and attach cont	inuation sheets.			
		SOMMART OF FATME		ERIOD	
A. Total Payments to In-	House Employee Lobby	vists (Part III, Section A, Column	1)	\$	0.00
B. Total Payments to Lo	bbying Firms (Part III, S	ection B, Column 4)		\$	26000.00
C. Total Activity Expense	es (Part III, Section C)			\$	8083.00
D. Total Other Payments	s to Influence (Part III, S	ection D)		\$	
GRAND TOT	AL (A + B + C + D al	pove)			34083.00
E. Total Payments in Co	nnection with PUC Activ	vities (Part III, Section E)			0.00
F. Campaign Contributio	ons: Part IV com	npleted and attached	X No car	npaign contributions m	ade this period
tion contained he I certify under per	rein and in the attache	ed schedules is true and com the laws of the State of Califo	e reviewed the plete.	regoing is true and c	
Executed on (Date) 04/29/2011		At (City and State) San Diego,CA		By (Signature of Em Roger B. Buma	nployer or Responsible Officer) a

Title Vice President

CAL2PDF	Version3.8	

Name of Employer or Responsible Officer (Type or Print) Roger B. Buma NAME OF FILER: SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

Name and Title		Name and	Name and Title			
If more space is needed, check box and attach con	tinuation sheets.					
PART III - PAYMENTS MADE IN CONNEC			S			
			(4)	<u></u>		20)
A. PAYMENTS TO IN-HOUSE EMPLOY			(1) Amount			2) tive Total
(See instructions on reverse. Also enter the Ame (Column 1) on Line A of the Summary of Paymen			Peri	iod	To Date	
			\$	0.00	\$	0.00
			\$	0.00	\$	0.00
B. PAYMENTS TO LOBBYING FIRMS	(Including Individual (Contract Lobbyists)	\$	0.00	\$	0.00
B. PAYMENTS TO LOBBYING FIRMS				0.00		
	(1)	(2) Reimbursements	(3) Advance	is or	(4) Total	(5) Cumulative
B. PAYMENTS TO LOBBYING FIRMS Name and Address of Lobbying Firm/Independent Contractor		(2)	(3)	es or ments	(4)	(5)
Name and Address of Lobbying Firm/Independent Contractor	(1)	(2) Reimbursements	(3) Advance Other Payr	es or ments anation)	(4) Total	(5) Cumulative
Name and Address of Lobbying Firm/Independent Contractor	(1)	(2) Reimbursements	(3) Advance Other Payr (attach expla	es or ments anation)	(4) Total	(5) Cumulative
	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advance Other Payr (attach expla	es or ments anation)	(4) Total This Period	(5) Cumulative Total to Date
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advance Other Payr (attach expla	es or ments anation)	(4) Total This Period	(5) Cumulative Total to Date
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advance Other Payr (attach expla	es or ments anation)	(4) Total This Period	(5) Cumulative Total to Date
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advance Other Payr (attach expla	es or ments anation)	(4) Total This Period	(5) Cumulative Total to Date
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advance Other Payr (attach expla	es or ments anation)	(4) Total This Period	(5) Cumulative Total to Date
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advance Other Payr (attach expla	es or ments anation)	(4) Total This Period	(5) Cumulative Total to Date
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advance Other Payr (attach expla	es or ments anation)	(4) Total This Period	(5) Cumulative Total to Date
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advance Other Payr (attach expla	es or ments anation)	(4) Total This Period	(5) Cumulative Total to Date
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advance Other Payr (attach expla	es or ments anation)	(4) Total This Period	(5) Cumulative Total to Date
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advance Other Payr (attach expla	es or ments anation)	(4) Total This Period	(5) Cumulative Total to Date
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advance Other Payr (attach expla	es or ments anation)	(4) Total This Period	(5) Cumulative Total to Date

NAME OF FILER: SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

Date	Name and Address of Payee	Name and Official Po of Reportable Person Amount Benefiting	ns and	Description of Consideration	Total Amount of Activity	
3/31/2011	San Diego County Regional Airport Authority	Mark Wyland	688.00 Other	Parking card usa - ge by elected offi - cials.	\$	8083.00
		State Senator				
	San Diego CA 92138-2776					
	San Diego County Regional Airport Authority	Joel Anderson	1214.00 Other	Parking card usa - ge by elected offi - cials.		
		State Senator				
	San Diego CA 92138-2776					
	San Diego County Regional Airport Authority	Christine Kehoe	1058.00 Other	Parking card usa - ge by elected offi - cials.		
		State Senator				
	San Diego CA 92138-2776					
	San Diego County Regional Airport Authority	Juan Vargas	798.00 Other	Parking card usa - ge by elected offi - cials.		
		State Senator				
	San Diego CA 92138-2776					
	San Diego County Regional Airport Authority	Ben Hueso	125.00 Other	Parking card usa - ge by elected offi - cials.		
		State Assemblymember				
	San Diego CA 92138-2776					
	I ore space is needed, check box and attach tinuation sheets.		TOTAL SECTION C (A Also enter the total of the Summary of Paym	, , ,	\$	8083.00
NOT Attac	IER PAYMENTS TO INFLUENCE LE E: State and local government agencies do hment Form 640 instead. PAYMENTS TO LOBBYING COALITIONS Form 630 to this Report.)	o not complete this section. Check bo	ex and complete	\$0.00		
Г	orm 630 to this Report.)			\$		
2. C	OTHER PAYMENTS			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
BEF	MENTS IN CONNECTION WITH AD	ILITIES COMMISSION Also, ent	-		\$	0.00

NAME OF FILER: SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

PART IV -- CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of <u>state</u> 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 spac	ce is needed, check box and attach continuation sheets.		1

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.

4/7

PERIOD COVERED:

01/01/2011

NAME OF FILER: _______SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each		Description of Consideration	Total Amount of Activity	
	San Diego County Regional Airport Auth - ority	Brian Jones	\$ 1167.00 Other	Parking card usa - ge by elected offi - cials.	\$	
		State Assemblymember				
	San Diego CA 92138-2776 Reference No:					
	San Diego County Regional Airport Auth - ority	Martin Garrick	\$ 1235.00 Other	Parking card usa - ge by elected offi - cials.	\$	
		State Assemblymember				
	San Diego CA 92138-2776 Reference No:					
	San Diego County Regional Airport Auth - ority	Nathan Fletcher	\$ 516.00 Other	Parking card usa - ge by elected offi - cials.	\$	
		State Assemblymember				
	San Diego CA 92138-2776 Reference No:					
	San Diego County Regional Airport Auth - ority	Marty Block	\$ 1282.00 Other	Parking card usa - ge by elected offi - cials.	\$	
		State Assemblymember				
	San Diego CA 92138-2776 Reference No:					

TOTAL SECTION C (Activity Expenses) Also enter the total of Section C on Line C of the Summary of Payments section on page 1.

8083.00

\$

Attachment Form 640

(Attachment to Form 635 or Form 645)

ATTACHMENT FORM 640

CALIFORNIA 1993 FORM

6/7

PERIOD COVERED: 01/01/2011--03/31/2011

NAME OF FILER: SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

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

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
	\$	\$
	\$	\$
	\$	\$
Subtotal of all payments itemized above	\$ 0.00	
If more space is needed, check box and attach continuation sheets.		

AMENDMENT TO LOBBYING DISCLOSURE REPORT

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

	TYPE OR PR			FOR OFFICIAL USE ONLY
	I TPE OR PR			A
For information required to be provided to you pursu Manual on Lobbying Disclosure Provisions of the Po	В			
AME OF FILER: AN DIEGO COUNTY REGIONAL AIRPORT A	AUTHORITY			
AME OF EMPLOYER OR FIRM: (If this amendment is bein	g filed by a lobbyist)			
AN DIEGO COUNTY REGIONAL AIRPORT A	UTHORITY			
USINESS ADDRESS OF FILER: (Number and Street)	(City)	(State)	(Zip Code)	TELEPHONE NUMBER:
(The information required must o	San Diego	CA	92138-2897	pinal report filed.)
(The information required must of the following information amends for the period01/01/2011	correspond to the in the lobbying disclose	nformation p	rovided on the ori	
1. The following information amends	to	nformation p sure report Fo 	rovided on the ori	ecuted on 04/28/2011 (Mo Day - Year)
1. The following information amends for the period <u>01/01/2011</u>	to	nformation p sure report Fo 	rovided on the ori	ecuted on04/28/2011 (Mo Day - Year)

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)
04/29/2011	San Diego,CA	Roger B. Buma
Name of Filer (Type or Print) Roger B. Buma		Title Vice President