	(Government Code	Section 86116)			1/4
	or			I.	
	REPORT OF LOBBY	ING COALITI	ON		
	(2 Cal. Code of Regs.	Section 18616.4)			
FORM 635		olitiono muoto	ttaab a		
1993 IMPORTANT: Lobbying Coalitions must attach a completed Form 635-C to this Report.					
R	REPORT COVERS PERIOD FROM 04/01/	2012 <b>THROU</b>	GH 06/30/2012	. F(	OR OFFICIAL USE ONLY
C	UMULATIVE PERIOD BEGINNING	01/01/201	1		
	TYPE OR PRI				
	be provided to you pursuant to the Information Provided to you pursuant to the Information Provisions of the Political Reform Act.		ee Information	В	
AME OF FILER:					
USINESS ADDRESS: (Numb	er and Street) (City)	(State)	(Zip Code)	TELEF	PHONE NUMBER:
	SAN DI	EGO CA	92121		
See instructions on reverse	OR STATE AGENCY ADMINISTRATIVE A			NG THE	PERIOD
See instructions on reverse B: 744,1500,1501,1636	e.)			NG THE	PERIOD
See instructions on reverse B: 744,1500,1501,1636	a.) 5,1850,1963,2055,2156,2355,2540; ABX1: ·	40; SB: 116,1161,1	380; SBX1: 23	NG THE	PERIOD
See instructions on reverse B: 744,1500,1501,1636	a.) 5,1850,1963,2055,2156,2355,2540; ABX1: - , check box and attach continuation sheets. SUMMARY OF PA	40; SB: 116,1161,1	380; SBX1: 23		
B: 744,1500,1501,1636	.) 5,1850,1963,2055,2156,2355,2540; ABX1: - , check box and attach continuation sheets. <b>SUMMARY OF PA</b> -House Employee Lobbyists (Part III, Section A, 0	40; SB: 116,1161,1	380; SBX1: 23	\$	0.00
B: 744,1500,1501,1636 B: 744,1500,1501,1636 If more space is needed, A. Total Payments to In- B. Total Payments to Lo	a.) 5,1850,1963,2055,2156,2355,2540; ABX1: - , check box and attach continuation sheets. <b>SUMMARY OF PA</b> -House Employee Lobbyists (Part III, Section A, 0 abbying Firms (Part III, Section B, Column 4)	40; SB: 116,1161,1	380; SBX1: 23	\$	0.00 27166.64
See instructions on reverse B: 744,1500,1501,1636 If more space is needed, A. Total Payments to In- B. Total Payments to Lo C. Total Activity Expens	.) 5,1850,1963,2055,2156,2355,2540; ABX1: - , check box and attach continuation sheets. <b>SUMMARY OF PA</b> -House Employee Lobbyists (Part III, Section A, 0	40; SB: 116,1161,1	380; SBX1: 23 PERIOD	\$ \$	0.00
B: 744,1500,1501,1636 B: 744,1500,1501,1636 If more space is needed, A. Total Payments to In- B. Total Payments to Lo C. Total Activity Expens	a.) 5,1850,1963,2055,2156,2355,2540; ABX1: - , check box and attach continuation sheets. <b>SUMMARY OF PA</b> -House Employee Lobbyists (Part III, Section A, G bbying Firms (Part III, Section B, Column 4) es (Part III, Section C)	40; SB: 116,1161,1	380; SBX1: 23 PERIOD	\$ \$	0.00 27166.64 0.00
<ul> <li>B: 744,1500,1501,1636</li> <li>B: 744,1500,1501,1636</li> <li>If more space is needed,</li> <li>A. Total Payments to In-</li> <li>B. Total Payments to Lo</li> <li>C. Total Activity Expens</li> <li>D. Total Other Payment</li> </ul>	a.) 5,1850,1963,2055,2156,2355,2540; ABX1: - , check box and attach continuation sheets. <b>SUMMARY OF PA</b> -House Employee Lobbyists (Part III, Section A, G bbying Firms (Part III, Section B, Column 4) es (Part III, Section C)	40; SB: 116,1161,1	380; SBX1: 23 PERIOD	\$ \$	0.00 27166.64 0.00
B: 744,1500,1501,1636 B: 744,1500,1501,1636 If more space is needed, A. Total Payments to In- B. Total Payments to Lo C. Total Activity Expens D. Total Other Payment GRAND TO	s,1850,1963,2055,2156,2355,2540; ABX1: - , check box and attach continuation sheets. SUMMARY OF PA -House Employee Lobbyists (Part III, Section A, C bbying Firms (Part III, Section B, Column 4) es (Part III, Section C) s to Influence (Part III, Section D)	40; SB: 116,1161,1	380; SBX1: 23 PERIOD	\$ \$ \$ \$ \$	0.00 27166.64 0.00 0.00
See instructions on reverse B: 744,1500,1501,1636 If more space is needed, A. Total Payments to In- B. Total Payments to Lo C. Total Activity Expens D. Total Other Payment GRAND TO	A.) 5,1850,1963,2055,2156,2355,2540; ABX1: ABX1	40; SB: 116,1161,1	380; SBX1: 23 PERIOD	\$	0.00 27166.64 0.00 0.00 27166.64 0.00

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)
07/31/2012	SAN FRANCISCO,CA	KEVIN HENEGHAN
Name of Employer or Responsible Officer (Type or Print) KEVIN HENEGHAN		Title ATTORNEY/AGENT FOR FILER

NAME OF FILER: \_\_\_\_QUALCOMM INCORPORATED

Name and Title			Name and Title				
If more appendic predict, bey and attack cont	investion choose						
If more space is needed, check box and attach conti	inuation sheets.						
ART III - PAYMENTS MADE IN CONNEC	TION WITH LOBB	YING ACTIVITIE	S				
			(1)	)	(	(2)	
A. PAYMENTS TO IN-HOUSE EMPLOYI (See instructions on reverse. Also enter the Amore	unt This Period		Amount Peri		Cumulative Total To Date		
(Column 1) on Line A of the Summary of Payments section on page 1.)			\$		\$		
			Ψ	0.00	Ŷ	0.00	
	Including Individual (	Contract Labby data)					
B. PAYMENTS TO LOBBYING FIRMS (	-		L			1	
	(1)	(2)	(3) Advance	s or	(4) Total	(5)	
B. PAYMENTS TO LOBBYING FIRMS ( Name and Address of Lobbying Firm/Independent Contractor	-		Advance Other Payr	ments	(4) Total This Period	(5) Cumulativ Total to Da	
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees &	(2) Reimbursements	Advance Other Payr (attach expla	ments nation)	Total	Cumulativ	
	(1) Fees &	(2) Reimbursements	Advance Other Payr	ments nation)	Total	Cumulativ	
Name and Address of Lobbying Firm/Independent Contractor ELSTEIN,GILBERT,ROBSON & SMITH,LLC	(1) Fees & Retainers	(2) Reimbursements of Expenses	Advance Other Payr (attach expla	ments nation)	Total This Period	Cumulativ Total to D	
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	Advance Other Payr (attach expla	ments nation)	Total This Period	Cumulativ Total to Da	
Name and Address of Lobbying Firm/Independent Contractor ELSTEIN,GILBERT,ROBSON & SMITH,LLC	(1) Fees & Retainers	(2) Reimbursements of Expenses	Advance Other Payr (attach expla	ments nation)	Total This Period	Cumulativ Total to Da	
Name and Address of Lobbying Firm/Independent Contractor ELSTEIN,GILBERT,ROBSON & SMITH,LLC	(1) Fees & Retainers	(2) Reimbursements of Expenses	Advance Other Payr (attach expla	ments nation)	Total This Period	Cumulativ Total to D	
Name and Address of Lobbying Firm/Independent Contractor ELSTEIN,GILBERT,ROBSON & SMITH,LLC	(1) Fees & Retainers	(2) Reimbursements of Expenses	Advance Other Payr (attach expla	ments nation)	Total This Period	Cumulativ Total to D	
Name and Address of Lobbying Firm/Independent Contractor ELSTEIN,GILBERT,ROBSON & SMITH,LLC	(1) Fees & Retainers	(2) Reimbursements of Expenses	Advance Other Payr (attach expla	ments nation)	Total This Period	Cumulativ Total to D	
Name and Address of Lobbying Firm/Independent Contractor ELSTEIN,GILBERT,ROBSON & SMITH,LLC	(1) Fees & Retainers	(2) Reimbursements of Expenses	Advance Other Payr (attach expla	ments nation)	Total This Period	Cumulativ Total to D	
Name and Address of Lobbying Firm/Independent Contractor ELSTEIN,GILBERT,ROBSON & SMITH,LLC	(1) Fees & Retainers	(2) Reimbursements of Expenses	Advance Other Payr (attach expla	ments nation)	Total This Period	Cumulativ Total to Da	
Name and Address of Lobbying Firm/Independent Contractor ELSTEIN,GILBERT,ROBSON & SMITH,LLC	(1) Fees & Retainers	(2) Reimbursements of Expenses	Advance Other Payr (attach expla	ments nation)	Total This Period	Cumulativ Total to Da	
Name and Address of Lobbying Firm/Independent Contractor ELSTEIN,GILBERT,ROBSON & SMITH,LLC	(1) Fees & Retainers	(2) Reimbursements of Expenses	Advance Other Payr (attach expla	ments nation)	Total This Period	Cumulativ Total to Da	
Name and Address of Lobbying Firm/Independent Contractor ELSTEIN,GILBERT,ROBSON & SMITH,LLC	(1) Fees & Retainers	(2) Reimbursements of Expenses	Advance Other Payr (attach expla	ments nation)	Total This Period	Cumulati Total to D	

## PERIOD COVERED: 04/01/2012

06/30/2012

## NAME OF FILER: \_\_\_\_QUALCOMM INCORPORATED

C. ACTIVITY EXPENSES (See instructions on reverse.)						
Date	Name and Address of Payee	Name and Official PositionDescription ofof Reportable Persons and Amount Benefiting EachConsideration		·	Total Amount of Activity	
			\$		\$	
	pre space is needed, check box and attach inuation sheets.	Also		Activity Expenses) Section C on Line C of ents section on page 1.	\$ 0.00	
NOTE Attacl	ER PAYMENTS TO INFLUENCE LEGI E: State and local government agencies do n hment Form 640 instead. AYMENTS TO LOBBYING COALITIONS (N orm 630 to this Report.)	ot complete this section. Check box an		\$ <u>0.00</u> \$ 0.00		
2. C	THER 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 ADMI ORE THE CALIFORNIA PUBLIC UTILI hary of Payments section on page 1. (See instruction	TIES COMMISSION Also, enter the	TEMAKING PR		\$ 0.00	

NAME OF FILER: QUALCOMM INCORPORATED

**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: \_

QUALCOMM,INC.

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.