

REPORT OF LOBBYIST EMPLOYER

(Government Code Section 86116)

1/5

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 04/01/2004 THROUGH 06/30/2004

CUMULATIVE PERIOD BEGINNING 07/30/2003

FOR OFFICIAL USE ONLY

A

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:

Diebold Elections Systems

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

McKinney

TX

75069-8250

PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD

(See instructions on reverse.)

General discussions regarding administrative issues - Secretary of State's Office.

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)	\$	<u>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4)	\$	<u>7526.55</u>
C. Total Activity Expenses (Part III, Section C)	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D)	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above) \$ 7526.55

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)
07/27/2004

At (City and State)
McKinney TX

By (Signature of Employer or Responsible Officer)
Robert Urosevich

Name of Employer or Responsible Officer (Type or Print)
Robert Urosevich

Title
President

PERIOD COVERED: 04/01/2004 06/30/2004

NAME OF FILER: Diebold Elections Systems

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
ROSE & KINDEL SACRAMENTO CA 95814	7500.00	26.55	0.00	7526.55	52586.55

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.

\$ 7526.55

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PERIOD COVERED: 04/01/2004 06/30/2004

NAME OF FILER: Diebold Elections Systems

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

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TEXT ANNOTATION

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Schedule F635P3B

Reference No: 794

\$15000/fees and \$266.52/expenses for 1st quarter 2004.

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