STATE OF CALIFORNIA-OFFICE OF ADMINISTRATIVE LAW NOTICE PUBLICATION/REGULATIONS SUBMISSION					For use by Secretary of State only
OAL FILE NUMBERS Z-	REGULATORY AC	REGULATORY ACTION NUMBER EMERGENCY NUMBER		R	
For use by Office of Administrative Law (OAL) only					
NOTICE			REGULATIONS		
AGENCY WITH RULEMAKING AUTHORIT California Strategic Growt					AGENCY FILE NUMBER (If any)
A. PUBLICATION OF NO	TICE (Complete for p	ublication in No	tice Register)		
SUBJECT OF NOTICE	<u></u>	TITLE(S)	FIRST SECTION AFFEC	CTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE Notice re Proposed Proposed Other	4. AGENCY CONT	TACT PERSON	TELEPHONE NUMBER		FAX NUMBER (Optional)
OAL USE ACTION ON PROPOSED Approved as Submitted		Disapproved/ Withdrawn	NOTICE REGISTER NU	JMBER	PUBLICATION DATE
B. SUBMISSION OF REG			ng regulations)		
1a. SUBJECT OF REGULATION(S) 1b. ALL PREVIOUS RELATED 0					DAL REGULATORY ACTION NUMBER(S)
Proposition 4 Transformative	ve Climate Communitie	s R5			
2. SPECIFY CALIFORNIA CODE OF REGU		(Including title 26, if tox	cics related)		
SECTION(S) AFFECTED	ADOPT 16608				
(List all section number(s) individually. Attach	AMEND	AMEND			
additional sheet if needed.)					
TITLE(S)	REPEAL				
3. TYPE OF FILING					
Regular Rulemaking (Gov. Code §11346) Resubmittal of disapproved	Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or				Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	0,0	within the time period required by statute. File & Print			
Emergency (Gov. Code, §11346.1(b))	Resubmittal of disapproved emergency filing (Gov. Cod		Other (Specify)		
4. ALL BEGINNING AND ENDING DATES	OF AVAILABILITY OF MODIFIED REC	GULATIONS AND/OR MAT	ERIAL ADDED TO THE RULEM	1AKING FILE (Ca	al. Code Regs. title 1, §44 and Gov. Code §11347.1)
5. EFFECTIVE DATE OF CHANGES (Gov. Effective January 1, April 1, July October 1 (Gov. Code §11343.4(/ 1, or Effective on filing	g with \$100 Chan	nges Without Effective of (Specify)	other Feb 2, 2	
6. CHECK IF THESE REGULATIONS REQ			(1 77	THER AGENCY (OR ENTITY
Department of Finance (Form ST	rd. 399) (SAM §6660)	Fair Politica	al Practices Commission		State Fire Marshal
Other (Specify) 7. CONTACT PERSON		TELEPHONE NUMBER	FAX NUMBER (C	Optional)	E-MAIL ADDRESS (Optional)
Matt Read (916) 213-7375				<u> </u>	matt.read@lci.ca.gov
8. I certify that the attached co of the regulation(s) identifie is true and correct, and that or a designee of the head o	ed on this form, that the inf t I am the head of the age	formation specified ency taking this acti	on this form ion,	For use by	Office of Administrative Law (OAL) only
SIGNATURE OF AGENCY HEAD OR DESIGNEE		DATE	DATE		
TYPED NAME AND TITLE OF SIGNATORY	,				
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