



CITY OF SAN DIEGO

ELECTIONEERING COMMUNICATION  
DISCLOSURE REPORT  
(SDMC § 27.2980)

This form must be filed with the City Clerk within 24 hours of making, or promising to make, a payment for an electioneering communication. Filing may be made in person, by next-day delivery, or by fax: (619) 533-4045.

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**I. List the name of each candidate mentioned or referred to in the communication:**

\_\_\_\_\_

**II. Identify the name of the individual or entity paying for the communication:**

Name: \_\_\_\_\_

Address (street address only): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer or Place of Business: \_\_\_\_\_

**III. Identify all individuals and entities that provided \$100 or more to make the communication:**

Complete attached Schedule A.

**IV. Provide a short description of the communication:**

\_\_\_\_\_  
\_\_\_\_\_

If the electioneering communication is in printed form, you must attach a legible copy of the communication. If it is in spoken form, attach a transcript.

**IV. Identify the cost of the communication:**

\$\_\_\_\_\_ (total cost, including consulting, designing, printing, and delivery)

Provide itemization of payments on attached Schedule B

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I declare under penalty of perjury that this statement is true, correct, and complete.

Type or print name of person completing form: \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

ELECTIONEERING COMMUNICATION  
DISCLOSURE REPORT

SCHEDULE A

**Identify all individuals and entities that provided \$100 or more to make the electioneering communication:**

Name: \_\_\_\_\_

Address (street address only): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer or Place of Business: \_\_\_\_\_

Amount of Payment: \$ \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

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Name: \_\_\_\_\_

Address (street address only): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer or Place of Business: \_\_\_\_\_

Amount of Payment: \$ \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

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Name: \_\_\_\_\_

Address (street address only): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer or Place of Business: \_\_\_\_\_

Amount of Payment: \$ \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

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Name: \_\_\_\_\_

Address (street address only): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer or Place of Business: \_\_\_\_\_

Amount of Payment: \$ \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

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SCHEDULE B

Itemize all payments made for the electioneering communication:

Payee: \_\_\_\_\_  
Address (street address only): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Service rendered: \_\_\_\_\_  
Amount of payment: \$ \_\_\_\_\_ Date of Payment: \_\_\_\_\_

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Payee: \_\_\_\_\_  
Address (street address only): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Service rendered: \_\_\_\_\_  
Amount of payment: \$ \_\_\_\_\_ Date of Payment: \_\_\_\_\_

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Payee: \_\_\_\_\_  
Address (street address only): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Service rendered: \_\_\_\_\_  
Amount of payment: \$ \_\_\_\_\_ Date of Payment: \_\_\_\_\_

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Payee: \_\_\_\_\_  
Address (street address only): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Service rendered: \_\_\_\_\_  
Amount of payment: \$ \_\_\_\_\_ Date of Payment: \_\_\_\_\_

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Payee: \_\_\_\_\_  
Address (street address only): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Service rendered: \_\_\_\_\_  
Amount of payment: \$ \_\_\_\_\_ Date of Payment: \_\_\_\_\_

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