

# CITY OF SAN DIEGO CY 2007 LOBBYIST REGISTRATION FORM

For Official Use Only

Type or Print in Ink. Complete both sides. File Original with City Clerk.

: Check Box if an Amendment

If this is an Initial Registration, enter  
DATE QUALIFIED as a Lobbyist: \_\_\_\_\_

Amount of Registration Fees due with Registration  
(see SDMC Section 27.4010): \_\_\_\_\_

**NOTE: REGISTRATION  
TERMINATES EVERY JAN. 5.  
ANNUAL RE-REGISTRATION  
IS REQUIRED.**

FULL NAME OF LOBBYIST:

BUSINESS PHONE NUMBER:  
( )

BUSINESS ADDRESS: (Number and Street) (City) (State) (ZIP)

MAILING ADDRESS: (If different from above)

LOBBYIST'S EMPLOYER (IF APPLICABLE):

BUSINESS PHONE NUMBER:  
( )

EMPLOYER'S BUSINESS ADDRESS: (Number and Street) (City) (State) (ZIP)

NATURE AND PURPOSE OF EMPLOYER'S BUSINESS:

CHECK ONE BOX, and FILL OUT "CLIENT DISCLOSURE" INFORMATION (CC-1645a) FOR EACH ENTITY YOU ARE REGISTERING:

- I am employed by the entity named above to lobby on behalf of that entity only, and therefore am required to pay a "client fee" for that entity. Also, I have completed CC-1645a to disclose information about this entity.
- I am employed by the entity named above to lobby on behalf of clients other than that entity, and therefore am not required to pay a "client fee" for that entity. Also, I have completed CC-1645a to disclose information about each client on whose behalf I will be lobbying.

## VERIFICATION

*By signing the verification below, I certify that I have reviewed and understand the requirements of Division 40, "Municipal Lobbying," of the San Diego Municipal Code.*

*I have used all reasonable diligence in preparing this Registration. I have reviewed this Registration and to the best of my knowledge the information contained herein is true and complete.*

*I verify under penalty of California perjury laws that the foregoing is true and correct.*

Executed on \_\_\_\_\_ at \_\_\_\_\_  
(date) (city and state)

By \_\_\_\_\_  
(signature of lobbyist)

**CLIENT DISCLOSURE - See SDMC Section 27.4010 for fee information**

CLIENT'S NAME: \_\_\_\_\_ BUSINESS OR MESSAGE PHONE NUMBER: \_\_\_\_\_  
( )

CLIENT'S BUSINESS OR MAILING ADDRESS: (Number and Street) (City) (State) (ZIP)

NATURE AND PURPOSE OF CLIENT'S BUSINESS:

MUNICIPAL DECISION(S) FOR WHICH LOBBYIST WAS RETAINED TO REPRESENT CLIENT: (If no specific item(s) of Municipal Decision can be identified, describe type(s) of Municipal Decision for which Lobbyist was retained to represent Client.)

CLIENT'S NAME: \_\_\_\_\_ BUSINESS OR MESSAGE PHONE NUMBER: \_\_\_\_\_  
( )

CLIENT'S BUSINESS OR MAILING ADDRESS: (Number and Street) (City) (State) (ZIP)

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**CLIENT(S) TO BE DELETED FROM LOBBYIST'S REGISTRATION** (check "Amendment" box on p. 1 of form):

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

: If more space is needed, check box and attach continuation sheet(s).

**CLIENT DISCLOSURE - See SDMC Section 27.4010 for fee information**

CLIENT'S NAME: \_\_\_\_\_ BUSINESS OR MESSAGE PHONE NUMBER: \_\_\_\_\_  
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