CITY OF SAN DIEGO CY 2006 LOBBYIST REGISTRATION FORM

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): _____

For Official Use Only

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).

Clear Form

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Clear Form