

# SAN DIEGO UNIFIED PORT DISTRICT LOBBYIST DISCLOSURE REPORT

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

Check Box if an Amendment

PERIOD COVERED FROM \_\_\_\_\_ TO \_\_\_\_\_

FULL NAME OF LOBBYIST: \_\_\_\_\_

BUSINESS PHONE NUMBER: ( ) \_\_\_\_\_

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

MAILING ADDRESS: (If different from above)

EMPLOYER'S NAME: \_\_\_\_\_

AMOUNT OF COMPENSATION RECEIVED FOR LOBBYING THE DISTRICT

\$ \_\_\_\_\_.

CHECK BOX IF NO LOBBYING ACTIVITY THIS PERIOD. *[REPORT TOTAL AMOUNT OF ALL COMPENSATION, EVEN IF "ZERO", ON LINE ABOVE. FILE THIS PAGE ONLY WITH CLERK*

## VERIFICATION

***By signing the verification below, I certify that I have reviewed and understand the requirements of SECTION 0.14(o) of the San Diego Unified Port District's Code of Ethics.***

***I have used all reasonable diligence in preparing this Disclosure. I have reviewed this Disclosure 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/state)

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

NAME OF LOBBYIST: \_\_\_\_\_

PERIOD COVERED: FROM \_\_\_\_\_ TO \_\_\_\_\_

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SPECIFIC ITEM(S) LOBBIED DURING REPORTING PERIOD:

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COMPENSATION FROM EMPLOYER \$ \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

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

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MAILING ADDRESS: (If different from above)

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SPECIFIC GIFT(S) PROVIDED TO COMMISSIONERS OR STAFF

NAME OF PERSON: \_\_\_\_\_

TYPE OF GIFT: \_\_\_\_\_

APPROXIMATE VALUE: \$ \_\_\_\_\_

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**NOTE: ALL ITEMS LOBBIED AND ALL GIFTS MUST BE LISTED. ATTACH CONTINUATION SHEETS IF NECESSARY.**