

SAN DIEGO UNIFIED PORT DISTRICT LOBBYIST DISCLOSURE REPORT

Type or print in ink and file with the District Clerk.

*Email signed copy to publicrecords@portofsandiego.org or mail signed original to:
Port of San Diego, District Clerk's Office, 3165 Pacific Hwy, San Diego, CA 92101*

☐ Check Box if an Amendment

Period Covered From _____ to _____

Name of Lobbying Firm:			
Business Address: (Number and Street)	(City)	(State)	(ZIP)
Business Phone Number:			
Mailing Address: (If different from above)			
Full Name of Lobbyist:			

Client's Information

Note: Each Client Must be Disclosed. Please Use Additional Sheets if Necessary.

Name and Address:

Total amount of compensation received for lobbying the District \$ _____

☐ Check box if no lobbying activity this period. If "zero", on the line above file this page only with the 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)

SAN DIEGO UNIFIED PORT DISTRICT LOBBYIST DISCLOSURE REPORT

(Continued)

Name of Lobbyist: _____

Period Covered: From _____ to _____

Name of Client _____

Specific Item(s) Lobbied During Reporting Period:

Specific Gift(s) Provided to Commissioners or Staff

Name of Person: _____

Type of Gift: _____

Approximate Value: \$ _____

NOTE: All items lobbied and all gifts must be listed. Attach continuation sheets if necessary.