

SAN DIEGO UNIFIED PORT DISTRICT LOBBYIST REGISTRATION FORM

Type or Print in Ink. File Original with District Clerk.

Check Box if an Amendment

*If this is an Initial Registration, enter DATE QUALIFIED as a Lobbyist: _____

NOTE: REGISTRATION TERMINATES UPON NOTICE TO THE DISTRICT CLERK.

FULL NAME OF LOBBYIST: _____

BUSINESS PHONE NUMBER: () _____

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

MAILING ADDRESS: (If different from above)

EMPLOYER'S NAME: _____

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

BUSINESS PHONE NUMBER:() _____

NOTE: EACH EMPLOYER MUST BE LISTED. ATTACH CONTINUATION SHEETS IF NECESSARY.

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 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/state)

By: _____
(signature of lobbyist)