



**SECTION II:**

**REPORT FOR EACH CATEGORY OF LOBBYIST**

**Contract Lobbyist**

Name of each person working for the Contract Lobbyist that is engaged in lobbying activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLIENT INFORMATION**

Client Name, Address, and Telephone Number

Effective Date of Representation

\_\_\_\_\_  
\_\_\_\_\_

Specify the nature and purpose of the Client's business.

\_\_\_\_\_  
\_\_\_\_\_

**CLIENT INFORMATION (CONTRACT LOBBYIST ONLY)**

Client Name, Address, and Telephone Number:

Effective Date:

\_\_\_\_\_  
\_\_\_\_\_

Describe the legislative or administrative action(s) the Contract Lobbyist was retained to influence and the outcome sought.

\_\_\_\_\_  
\_\_\_\_\_

Client Name, Address, and Telephone Number:

Effective Date:

\_\_\_\_\_  
\_\_\_\_\_

Describe the legislative or administrative action(s) the Contract Lobbyist was retained to influence and the outcome sought.

\_\_\_\_\_  
\_\_\_\_\_

Client Name, Address, and Telephone Number:

Effective Date:

\_\_\_\_\_  
\_\_\_\_\_

Describe the legislative or administrative action(s) the Contract Lobbyist was retained to influence and the outcome sought.

\_\_\_\_\_  
\_\_\_\_\_

Client Name, Address, and Telephone Number:

Effective Date:

\_\_\_\_\_  
\_\_\_\_\_

Describe the legislative or administrative action(s) the Contract Lobbyist was retained to influence and the outcome sought.

\_\_\_\_\_  
\_\_\_\_\_

Client Name, Address, and Telephone Number:

Effective Date:

\_\_\_\_\_  
\_\_\_\_\_

Describe the legislative or administrative action(s) the Contract Lobbyist was retained to influence and the outcome sought.

\_\_\_\_\_  
\_\_\_\_\_

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**SECTION II:**

Name of Business or Organization Lobbyist: \_\_\_\_\_

Name of each owner, compensated officer, or compensated employee engaged in lobbying activity on behalf of the Business or Organization Lobbyist:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE NATURE OF THE BUSINESS, ORGANIZATION OR ASSOCIATION.**

Describe the nature and purpose of the business, organization or association.

\_\_\_\_\_  
\_\_\_\_\_

**THE LEGISLATIVE OR ADMINISTRATIVE ACTION(S) THE BUSINESS OR ORGANIZATION LOBBYIST SEEKS TO INFLUENCE.**

Describe the legislative or administrative action(s) the Business or Organization Lobbyist was retained to influence and the outcome sought.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Expenditure Lobbyist**

Name of Expenditure Lobbyist: \_\_\_\_\_

Name of each person working for the Expenditure Lobbyist that is engaged in lobbying activity (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE LEGISLATIVE OR ADMINISTRATIVE ACTION(S) THE EXPENDITURE LOBBYIST SEEKS TO INFLUENCE.**

Describe the legislative or administrative action(s) the Expenditure Lobbyist was retained to influence and the outcome sought.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Payment or Expenditure: \$ \_\_\_\_\_

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**SECTION III**

**TERMINATION**

I certify that I have been authorized by the Lobbyist identified above to make this verification. I have reviewed the requirements of the provisions of the Santa Clara Municipal Code (Chapter 2.155). I certify under penalty of perjury under the laws of the State of California that I have reviewed the Notice of Termination and to the best of my knowledge the information contained herein is true and complete.

Termination Effective: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Executed on: \_\_\_\_\_

(month, day, year)

**ATTACHMENTS**

I have reviewed the lobbyist guidelines and I have nothing to report.

Attached to this Report is/are the following forms (check all that apply):

Form B - Payment for Consultant and Other Services

Other: \_\_\_\_\_

**FEES DUE**

Lobbyist Registration Fee\* (January 1 - June 30)

\$

Prorated Registration Fee\*\* (July 1 - December 31)

\$

Amended Registration Fee

\$

Delinquent Fee

\$

Registration	Prorated Registration	Client Registration	Amendment	Delinquent
\$745.00	\$355.00	\$128.00 per client	\$171.00	\$25 per day with a max of \$500

**Please make checks payable to:**  
 City of Santa Clara  
**Forms and payment can be sent to:**  
 City of Santa Clara  
 City Clerk's Office  
 1500 Warburton Avenue  
 Santa Clara, CA 95050

Total Payment Due with Report

**NOTE:** Late fees will apply to any lobbying activity not reported after the 15 days of qualifying as a lobbyist

\*Initial registration fee is due within 15 days after qualifying as a lobbyist

\*\*Prorated fee applies for persons registering for the first time after June 30 of a given year

**VERIFICATION**

I certify that I have been authorized by the Lobbyist identified above to make this verification. I have reviewed the requirements of the provisions of the Santa Clara Municipal Code (Chapter 2.155). I certify under penalty of perjury under the laws of the State of California that I have reviewed this Lobbyist Report and to the best of my knowledge the information contained herein is true and complete.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Executed on: \_\_\_\_\_

(original signature)

(month, day, year)