



City of Santa Clara

The Center of What's Possible

LOBBYIST REGISTRATION & REPORTING FORM

For Official Use Only

Page ____ of ____

Type of Report (check all that apply):

- Initial Registration Amendment to _____ filed on: _____
- Annual Renewal Termination effective: _____
(filed annually by Jan. 15th) *(see Section III)*
- Semi-Annual Period:
- 1st Semi-Annual Period (January 1st - June 30th, 20__)
- 2nd Semi-Annual Period (July 1st - December 31st, 20__)

SCMC § 2.155.030 and 2.155.040

SEE INSTRUCTIONS

See Fee Schedule at City Clerk Webpage

SECTION I

LOBBYIST INFORMATION

Are you a: Contract Lobbyist Business or Organization Lobbyist Expenditure Lobbyist

Name of Lobbyist: _____ Telephone Number: _____
()

Business Address: (Number and Street) _____ (City) _____ (State) _____ (Zip Code) _____ Fax Number: _____
()

Mailing Address: (If different than above) _____ E-mail: _____

Santa Clara Business License Number: _____

DBA: _____

Federal Employer Identification Number (FEIN): _____

Specify how the Contract Lobbyist, Business or Operation Lobbyist, or the Expenditure Lobbyist is organized:

- Sole Proprietorship Partnership Non-Profit Corporation For-Profit Corporation Other: _____

If the Lobbyist is a sole proprietor or partnership of fewer than five (5) persons, state the name(s) of the sole proprietor or persons with an ownership interest in the business: _____

If the Lobbyist is a corporation (for-profit or non-profit), state the name(s) of Officers and Agent for Service of Process and their respective contact information (if different from above): _____

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.

This page may be duplicated. If more space is needed, check this box and attach added pages

SECTION II:

Business or Organization Lobbyist

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: \$ _____

This page may be duplicated. If more space is needed, check this box and attach added pages

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
\$800.00	\$376	\$140 per client	\$188	\$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: _____
(month, day, year)

(original signature)

