

LOBBYIST REGISTRATION REPORT ANNUAL/INITIAL REGISTRATION

Complete the following information and submit your Lobbyist Registration Report with your payment. Applicable fees are listed below. For questions, please contact the City Clerk's Office at 949-724-6205 or email at <u>clerk@cityofirvine.org</u>.

A person engaging in lobbyist activities must file an Initial Report within 30 days of the date he/she receives or becomes entitled to receive \$10,000 or more in compensation from a Client in a calendar quarter, <u>or</u> prior to the date the subject matter of the lobbying activity is scheduled for official City action, whichever is sooner.

Annual Registration is due on January 31st for Registrants and all active Clients.

REGISTRATION FEES:

Annual/Initial Registration - \$651.00 per Registrant, plus \$92.00 per Client Registration on or after June 30 - \$306.00 per Registrant, plus \$92.00 per Client

REPORT TYPE:

ANNUAL REGISTRATION

INITIAL REGISTRATION - I/We qualified as a lobbyist on

SECTION 1 - REGISTRANT LOBBYIST INFORMATION

REGISTRANT LOBBYIST NAME (If individual, include First Name, Last Name, and Middle Initial)				
BUSINESS ADDRESS			BUSINESS PHONE	
CITY	STATE	ZIP	BUSINESS EMAIL	
NATURE OF BUSINESS	·			
NAME(S) AND POSITION(S) OF EACH CITY OF	FICIAL (OR CITY O	FFICIAL'S RELAT	IVE) WHO IS EMPLOYED BY THE REGISTRANT	
IF REGISTRANT (OR REGISTRANT'S EMPLOYEE) WAS A FORMER CITY OFFICIAL OR EMPLOYEE, LIST THE POSITION(S) HELD DURING THE PAST YEAR				

I AM FAMILIAR WITH THE PROVISIONS OF SECTION 1-6-107 OF THE IRVINE MUNICIPAL CODE. MY LOBBYING ACTIVITIES WILL NOT VIOLATE THOSE PROVISIONS.

REGISTRANT LOBBYIST SIGNATURE

DATE

TITLE (If representing firm)

SECTION 2 - REGISTRANT'S CLIENT INFORMATION

Provide information for <u>each</u> <i>new</i> Client or filed.	report any chang	es in informatio	n for <u>each</u> <i>existing</i> Client si	nce your last report
CLIENT NAME				NO CHANGES
1.		Date Qualified:		TO REPORT
ADDRESS			PHONE	
CITY	STATE	ZIP	NATURE OF BUSINESS	
LOBBYIST NAME (Person on whose behalf Re	gistrant has been	engaged by Clie	ent to lobby)	
		,		
NAME(S) OF PERSON, KNOWN BY REGISTRA		ITE FINANCIALL	Υ ΤΟ ΤΗΕ COMPENSATION	OF REGISTRANT: OR
IN MAJOR PART, PLANS, SUPERVISES, OR CON				
LOBBYING FIRM NAME (For which Registrant	is an agent or em	ployee with res	pact to Client)	
	is an agent of em	pioyee with resp		
AGENT NAME(S) (OR REGISTRANT'S EMPLOYI	EE NAME) EXPECT	ED TO ACT AS A	LOBBYIST ON BEHALF OF C	LIENT
DESCRIBE ALL MUNICIPAL QUESTIONS REGIS	TRANT WILL FOR	SEEABLY LOBBY	FOR ON BEHALF OF CLIENT	
CLIENT NAME				NO CHANGES
2.		Date Qualified:		TO REPORT
ADDRESS		1	PHONE	
CITY	STATE	ZIP	NATURE OF BUSINESS	
LOBBYIST NAME (Person on whose behalf Re	 	opgaged by Cliv	 ant to lobby)	
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IN MAJOR PART, PLANS, SUPERVISES, OR CON	NTROLS REGISTRA	INT S LOBRAING	ACTIVITIES ON BEHALF OF (CLIENT
LOBBYING FIRM NAME (For which Registrant is an agent or employee with respect to Client)				
AGENT NAME(S) (OR REGISTRANT'S EMPLOYI	EE NAME) EXPECT	ED TO ACT AS A	LOBBYIST ON BEHALF OF C	LIENT
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CLIENT NAME			IT C EXISTING CLIENT	NO CHANGES
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LOBBYIST NAME (Person on whose behalf Registrant has been engaged by Cl			ent to lobby)	
NAME(S) OF PERSON, KNOWN BY REGISTRA	NT, TO CONTRIBU	TE FINANCIALLY	TO THE COMPENSATION	OF REGISTRANT: OR
IN MAJOR PART, PLANS, SUPERVISES, OR COM				
LOBBYING FIRM NAME (For which Registrant	is an agent or em	ployee with resp	pect to Client)	
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CLIENT NAME				
CLIENT NAME 4.		Date Qualified:	IT EXISTING CLIENT	NO CHANGES
		Date Qualified:		
4.		Date Qualified:		
4. ADDRESS	STATE	Date Qualified:	PHONE	
4.	STATE	Date Qualified:		
4. ADDRESS CITY		Date Qualified:	PHONE NATURE OF BUSINESS	
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CLIENT NAME				NO CHANGES
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6.	STATE	Date Qualified:		
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SECTION 3 - REGISTRANT VERIFICATION

	THIS REPORT AND HAVE PERSONAL KNOWLEDGE OF THE UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE
REGISTRANT LOBBYIST SIGNATURE	DATE
LOBBYING FIRM NAME	
TITLE (If representing firm)	
	REGISTRATION FEES:
A Basic Guide to Lobbying Registration and Disclosure in the City of Irvine, and the required registration and reporting	
forms are available online at <u>cityofirvine.org</u> .	#CLIENTS x \$92.00 =
	TOTAL FEES DUE =