

**COUNTY OF SAN DIEGO
LEGISLATIVE ADVOCATE REGISTRATION**

(Rev: 1/99)

REG. NO. _____

INDIVIDUAL REGISTRATION

1.

Name of Registrant (Please print or type name of individual) Phone (Include Area Code)

Street Address City State Zip Code

2. List names of person(s), firm(s), corporation(s) or organization(s) represented by the Registrant. Attach additional sheet(s) if necessary. Any person, corporation, firm or organization represented by a legislative advocate must file a written statement disclosing individual expenditures of more than \$25.00, or an aggregate total of more than \$100.00 to an individual County officer or employee described in the County Code on a quarterly basis. (Section 23.106)

NAME OF FIRM, CORP. OR ORGANIZATION REPRESENTED	ADDRESS

3. List name(s) of the elective county offices that the registrant will attempt to influence. If the registrant will attempt to influence any member of the Board of Supervisors, the list shall include the "Board of Supervisors." Attach additional sheet(s) if necessary. Elected officeholders (and candidates for elective office) may not accept campaign contributions from any registered legislative advocate whose registration form names the elective office of that officeholder (or the office to which the candidate is seeking election).

NAME OF COUNTY OFFICE(S)	NAME OF COUNTY OFFICE(S)

I certify under penalty of perjury that the foregoing statements are true and correct. Refer to San Diego County Code of Regulatory Ordinances Section 23.104 *Contents of Registration* for current information on registration.

Date: _____ Registrant's Signature: _____

PLEASE RETURN FORM TO:

**CLERK OF THE BOARD OF SUPERVISORS
1600 PACIFIC HIGHWAY, ROOM 402
SAN DIEGO, CA 92101**