



CITY OF NEWPORT BEACH

For Official Use Only

LOBBYIST REGISTRATION

Calendar Year: _____

Total Number of Pages: _____

Check Box if an Amendment

Amendment Description: _____

Identify the Lobbyist Type

Check Lobbyist is an Individual

Check Lobbyist is business entity or other organization

Identify the Lobbyist Individual, Business Entity or Other Organization

_____		_____	
Lobbyist Name		Telephone Number	
_____		_____	_____
Business Address	(Number & Street)	(City)	(State) (Zip)

Employees or Associates of Business Entity or Other Organization Who will be Engaging in Lobbying Activities

_____		_____	
Name of Individual		Telephone Number	
_____		_____	_____
Business Address	(Number & Street)	(City)	(State) (Zip)

If more space is needed, check box and attach continuation sheet(s).

Identify the Lobbyist's Client(s)

_____		_____	
Client's Name		Telephone Number	
_____		_____	_____
Client's Address	(Number & Street)	(City)	(State) (Zip)

Legislative, Quasi-judicial or Administrative Action or Decision			

If more space is needed, check box and attach continuation sheet(s).

Campaign Contributions

Candidate or Candidate Controlled Committee		
_____	_____	_____
Lobbyist Making Contribution	Date of Contribution	Amount of Contribution

If more space is needed, check box and attach continuation sheet(s).

VERIFICATION

I have reviewed and understand the requirements of the Lobbying Ordinance (Newport Beach Ordinance Number 2020-3). I have exercised reasonable diligence in the course of reviewing this Registration Form for completeness and accuracy. I declare under penalty of perjury under the laws of the State of California that the contents of this Registration Form, including all attached continuation pages, are true, correct, and complete. I acknowledge that Newport Beach Municipal Code Section 1.28.040 (B) requires the filing of an amended Registration Form to be completed and filed with the City Clerk within ten (10) days if you know, or should have known, of any change in the accuracy of the information reported on this Registration Form.

Executed on _____ at _____
(Date) (City and State)

By: _____
(Signature) (Print Name) (Title)

(E-Mail Address)

CLIENT DISCLOSURE (continuation)

Name of Lobbyist: _____

_____	_____	_____	_____
Client's Name		Telephone Number	
_____	_____	_____	_____
Client's Address (Number & Street)	(City)	(State)	(Zip)

Legislative, Quasi-judicial or Administrative Action or Decision			

_____	_____	_____	_____
Client's Name		Telephone Number	
_____	_____	_____	_____
Client's Address (Number & Street)	(City)	(State)	(Zip)

Legislative, Quasi-judicial or Administrative Action or Decision			

_____	_____	_____	_____
Client's Name		Telephone Number	
_____	_____	_____	_____
Client's Address (Number & Street)	(City)	(State)	(Zip)

Legislative, Quasi-judicial or Administrative Action or Decision			

_____	_____	_____	_____
Client's Name		Telephone Number	
_____	_____	_____	_____
Client's Address (Number & Street)	(City)	(State)	(Zip)

Legislative, Quasi-judicial or Administrative Action or Decision			

_____	_____	_____	_____
Client's Name		Telephone Number	
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Client's Address (Number & Street)	(City)	(State)	(Zip)

Legislative, Quasi-judicial or Administrative Action or Decision			

_____	_____	_____	_____
Client's Name		Telephone Number	
_____	_____	_____	_____
Client's Address (Number & Street)	(City)	(State)	(Zip)

Legislative, Quasi-judicial or Administrative Action or Decision			

If more space is needed, check box and attach continuation sheet(s).

BUSINESS ENTITY OR OTHER ORGANIZATION EMPLOYEES OR ASSOCIATES WHO WILL BE ENGAGING IN LOBBYING ACTIVITIES (continuation)

Name of Lobbyist: _____

Name of Individual		Telephone Number		
Business Address	(Number & Street)	(City)	(State)	(Zip)

Name of Individual		Telephone Number		
Business Address	(Number & Street)	(City)	(State)	(Zip)

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Name of Individual		Telephone Number		
Business Address	(Number & Street)	(City)	(State)	(Zip)

If more space is needed, check box and attach continuation sheet(s).

CAMPAIGN CONTRIBUTIONS (continuation)

Name of Lobbyist: _____

_____ Candidate or Candidate Controlled Committee		
_____ Lobbyist Making Contribution	_____ Date of Contribution	_____ Amount of Contribution

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_____ Lobbyist Making Contribution	_____ Date of Contribution	_____ Amount of Contribution

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_____ Lobbyist Making Contribution	_____ Date of Contribution	_____ Amount of Contribution

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