CITY OF OCEANSIDE

FORM L-100

Type or print in ink legibly

Instructions for Completing Form L-100
Lobbyist Registration Form

A lobbyist or lobbying firm must file a Lobbying Registration Form with the City Clerk Department **within 15 days** of qualifying as a lobbyist under Section 16C.5 of the City Code [Ordinance No. 06-OR0287-1]. *The registration fee of $150 (for individual lobbyist or lobbying firm) plus a $15 per-client fee are due at the time of submittal of Form L-100.*

> *No lobbyist shall engage in lobbying unless he or she is registered with the City Clerk, has paid any and all fees and fines as provided for in Section 16C.10 and has complied with the lobbyist ethics training course requirements of Section 16C.15.*

Check the appropriate box for the type of filing:

INITIAL REGISTRATION – due within 15 days of qualifying as a lobbyist. Complete the Cover Sheet and all applicable schedules. *Photos and fees are to be submitted with this form.*

AMENDMENT – If this form is an amendment to a previously filed Registration Form, check the amendment box. Complete the Cover Sheet and all applicable schedules to provide the amended information. An amendment must be filed **within 10 days** of any change in address, telephone or fax number or agent for service of process.

ANNUAL REGISTRATION RENEWAL – due January 15 (or next business day if January 15 falls on a weekend). Complete the Cover Sheet and all applicable schedules. *Photos and fees are to be submitted with this form.*

COVER SHEET

Part I-A. Individual Lobbyist
Fill in the following general information regarding the lobbyist: name, business name, business address, telephone and fax numbers and photo. If a partnership, also fill out Schedule A, listing all those who will perform lobbyist activity, and Schedule C as applicable. Include a photo as required.*

Part I-B. Lobbying Firm
Fill in the following general information regarding the lobbying firm: name, business name, business address, telephone and fax numbers and photos. Also fill out Schedule A, listing all those who will perform lobbyist activity, and Schedule C as applicable. Include a photo of each lobbyist as required.*

Part II. Verification by Filer

Type or print the date and print and sign your name on the completed form, including your title, address and phone number, including area code, where you can be reached.

SCHEDULE A – LOBBYIST(S) INFORMATION

Individual lobbyists who are part of a partnership and all lobbying firms must complete Schedule A. Provide the name, business address, and complete telephone number for all owners, partners, shareholders, officers and/or employees performing activities requiring lobbyist

registration under Chapter 16C. Include a photo as required* and the following information: name, business address and specific telephone number and e-mail address for each individual.

If additional lobbyists, copy Schedule A and attach additional sheets.

**Photo requirement*: A photo must be included for each lobbyist as follows: Each photo must be clearly marked with the person's name and company. Provide a 4" x 6" hardcopy photo (shot from the shoulders up full view of the face) and an electronic image via email or on a CD. All photos/CDs must be clearly marked with the individual's name, either on the image itself or printed label on the CD. Digital cameras should have a minimum 5 MP resolution.*

SCHEDULE B – CLIENT INFORMATION

Individual lobbyists and lobbying firms must register any/all client(s) (individual or entity) from whom they receive or become entitled to receive compensation for providing lobbying services. Include the following client information: name, business name, nature of the business, business address, telephone number, the date representation by the lobbyist/lobbying firm began, the legislative or administrative action(s) that the lobbyist is seeking to influence on behalf of the client [providing sufficient detail for a clear understanding of the issue], and the name or each person employed or retained by the lobbyist/lobbying firm on behalf of the client.

If additional clients, copy Schedule B and attach additional sheets.

SCHEDULE C – OWNER/OFFICER INFORMATION

List the name of all owners of sole proprietorships and partnerships of fewer than 10 persons. If the registrant is a corporation, list the names of the president, secretary, chief financial officer and agent for service of process, if any.

An amendment must be filed **within 10 days** of any change in address, telephone or fax number or agent for service of process.

SCHEDULE D – CAMPAIGN CONTRIBUTIONS

Complete Schedule D for Initial Registration Only.

Disclose any monetary and/or non-monetary (in-kind) contributions totaling $100 or more per reporting period that the lobbyist made, delivered or acted as an intermediary for to the following: any elected City officer, or any controlled committee of a City officeholder, or any officeholder's fund or legal expense fund. Include the dates of the period covered.

Definition of "delivered"

Contributions "delivered" by a lobbyist or lobbying firm are those contributions delivered in person or mailed by the lobbyist or which the lobbyist caused to be delivered in person or by someone else.

Definition of "intermediary"
A person is an "intermediary" for a contribution if the recipient of the contribution would consider the person to be the contributor without the disclosure of the identity of the true source of the contribution.

If a lobbyist made a contribution on behalf of another person and that person is acknowledged as the contributor and the lobbyist is reimbursed for the contribution, then the lobbyist acted as an "intermediary" for the contribution.

For each contribution required to be reported, provide the following information:

- The date the contribution was made
- The amount of the contribution
- The name and complete address of the contributor. Indicate the nature of the contribution by checking the appropriate box – "contributed," "delivered," or "intermediary"
- The name of the vendor, if different than the contributor
- The candidate or officeholder's name
- The committee name and ID number
- A brief description of the contribution, if non-monetary
- The client name, if any, on whose behalf the contribution was made

Each contribution totaling $100 or more per reporting period should be reported separately. List the subtotal of each page and the total contribution amount on the final page.

If additional contributions must be reported, copy Schedule D and attach additional sheets.

SCHEDULE E – PAYMENT RECEIVED

Disclose any payment received by the reporting lobbyist for services as a consultant or in any other capacity for services rendered to a City agency, any City official or any City official-elect or their controlled commissions or committees, any officeholder committee or ballot measure committee. Include the following:

- The date the payment was received
- The amount of payment
- The name of the City agency, City official-elect, controlled committees, officeholder committees, or ballot measure committee
- The committee name and ID number
- The date of election, if applicable
- A description of the services provided

Indicate the subtotal for each page and the total payments received on the final page.

If additional payments must be reported, copy Schedule E and attach additional sheets.

Email, fax, or deliver the completed form to the below address. Keep the original for your records.

Oceanside City Clerk Department
300 North Coast Highway
Oceanside, CA 92054
Lobbyistinfo@ci.oceanside.ca.us
FAX 760-967-3922

For questions, call (760) 435-3000.

NO FILING IS COMPLETE UNTIL PAYMENT IS RECEIVED

FORM L-100

CITY OF OCEANSIDE

Date Received:

1. Fill out report
2. Sign and date
3 Submit payment to:
4. Email completed form/photo to:
5. Fax to:

City Clerk's Office
300 N. Coast Highway
Oceanside, CA 92054
lobbyistinfo@ci.oceanside.ca.us
FAX 760-967-3922

LOBBYIST REGISTRATION FORM – COVER SHEET

☐ **INITIAL REGISTRATION** **Date Qualified** _____

☐ **AMENDMENT** for Report filed on _____ amending Schedule(s) _____

☐ **ANNUAL REGISTRATION RENEWAL**

PART I – A: INDIVIDUAL LOBBYIST FILER INFORMATION [See photo requirements-Schedule A instructions]

Name of Individual Lobbyist Registering

Name of Business

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

(Area Code)Telephone Number Fax Number E-Mail Address

PART I - B: LOBBYING FIRM FILER INFORMATION [Schedule A required]

Name of Lobbying Firm Registering

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

(Area Code)Telephone Number Fax Number E-Mail Address

PART II – VERIFICATION BY FILER

I, _____, have signature authority for this lobbyist/lobbying firm and have used all reasonable diligence in preparing this form. I have reviewed the form and all the attachments, and to the best of my knowledge the information contained herein is true and complete.

☐ I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: (Date) By: (Signature of Lobbyist or Authorized Person) Print Name

☐ If filing electronically, I affirm that the information I have entered is true and this mark is to be considered my Legal Signature.

Title Address Telephone Number

CITY OF OCEANSIDE

FORM L-100

SCHEDULE A
LOBBYIST(S) INFORMATION

(Firm) Name:_____

LOBBYIST REGISTRATION FORM

Page _____ of _____

Lobbyist(s) Information

List all owners, partners, shareholders, officers or employees of lobbying firm or partnership performing activities requiring lobbyist registration under Chapter 16C:

Photo

[See photo requirement in Schedule A instructions]

_____ ☐ Check here if address same as firm address
Name of Lobbyist

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

(Area Code)Telephone Number E-mail Address

Photo

[See photo requirement in Schedule A instructions]

_____ ☐ Check here if address same as firm address
Name of Lobbyist

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

(Area Code)Telephone Number E-mail Address

Photo

[See photo requirement in Schedule A instructions]

_____ ☐ Check here if address same as firm address
Name of Lobbyist

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

(Area Code)Telephone Number E-mail Address

Photo

[See photo requirement in Schedule A instructions]

_____ ☐ Check here if address same as firm address
Name of Lobbyist

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

(Area Code)Telephone Number E-mail Address

☐ Check box if additional Schedule A-lobbyist information pages are attached.

FORM L-100

CITY OF OCEANSIDE

SCHEDULE B
CLIENT(S) INFORMATION

(Firm) Name:_____

LOBBYIST REGISTRATION FORM Page _____ of _____

Client Information

Report each client for which you were retained and receive or are entitled to receive compensation for providing lobbying services:

Date representation began: _____

Name of Client (Area Code) Telephone

Business Name Nature of Business

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

Describe legislative or administrative action(s) that the lobbyist is seeking to influence on behalf of this client:

_____

_____

List each lobbyist assigned to lobby on behalf of this client:

_____ _____

_____ _____

Date representation began: _____

Name of Client (Area Code) Telephone

Business Name Nature of Business

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

Describe legislative or administrative action(s) that the lobbyist is seeking to influence on behalf of this client:

_____

_____

List each lobbyist assigned to lobby on behalf of this client:

_____ _____

_____ _____

☐ Check box if additional Schedule B-client information pages are attached.

CITY OF OCEANSIDE

FORM L-100

SCHEDULE C
OWNER/OFFICER INFORMATION

(Firm) Name:_____

LOBBYIST REGISTRATION FORM Page _____ of _____

Sole Proprietorships or Partnerships of fewer than 10 persons

Print the names of all owners

_____ _____

_____ _____

_____ _____

_____ _____

Corporation Officer(s) Information

If the registrant is a corporation, list the names of the following officers:

_____
Name of President (or Applicable Title)

_____
Name of Chief Financial Officer (or Applicable Title)

_____
Name of Secretary

_____
Name of Agent for Service of Process Address of Agent

FORM L-100

CITY OF OCEANSIDE

SCHEDULE D
CAMPAIGN CONTRIBUTIONS

(Firm) Name:_____

Page _____ of _____

LOBBYIST REGISTRATION FORM **Period Covering _____ to _____**

Campaign Contributions

Disclose all monetary and non-monetary (in-kind) contributions totaling $100 or more that were given personally, delivered or for which the lobbyist acted as an intermediary during any calendar year to a City official or City official-elect, a controlled committee, or office holder's fund or legal expense fund.

Date of contribution	Name/Address of Contributor (check one and provide the name and complete address)	Name of Vendor (if different than contributor)	Candidate/ Officeholder and complete address	Committee Name/ID	Amount (or value of contribution)	Description of Contribution (if non-monetary)	Client (if any) on whose behalf contribution was made
	☐ contributed ☐ delivered for ☐ intermediary for						
	☐ contributed ☐ delivered for ☐ intermediary for						
	☐ contributed ☐ delivered for ☐ intermediary for						

SUBTOTAL CONTRIBUTIONS: $_____

TOTAL CONTRIBUTIONS (if final page): $_____

FORM L-100

CITY OF OCEANSIDE

SCHEDULE D
CAMPAIGN CONTRIBUTIONS

(Firm) Name:_____

Page _____ of _____

LOBBYIST REGISTRATION FORM **Period Covering _____ to _____**

Campaign Contributions – Continued

Disclose all monetary and non-monetary (in-kind) contributions totaling $100 or more that were given personally, delivered or for which the lobbyist acted as an intermediary during any calendar year to a City official or City official-elect, a controlled committee, or office holder's fund or legal expense fund.

Date of contribution	Name/Address of Contributor (check one and provide name and complete address)	Name of Vendor (if different than contributor)	Candidate/ Officeholder and complete address	Committee Name/ID	Amount (or value of contribution)	Description of Contribution	Client (if any) on whose behalf contribution was made
	☐ contributed ☐ delivered for ☐ intermediary for						
	☐ contributed ☐ delivered for ☐ intermediary for						
	☐ contributed ☐ delivered for ☐ intermediary for						

☐ Check box if additional Schedule D-campaign contribution pages are attached.

SUBTOTAL CONTRIBUTIONS: $_____

TOTAL CONTRIBUTIONS (if final page): $_____

CITY OF OCEANSIDE

FORM L-100

SCHEDULE E
PAYMENTS RECEIVED

(Firm) Name:_____

LOBBYIST REGISTRATION FORM

Page _____ of _____

PAYMENTS RECEIVED FROM CITY AGENCY, CITY OFFICIAL, CITY OFFICIAL-ELECT, CONTROLLED COMMITTEES, OFFICEHOLDER COMMITTEES OR BALLOT MEASURE COMMITTEES

Report any payment received for services rendered to any City agency, City official, City official-elect or their controlled committee, any officeholder committee or ballot measure committee

Date Payment Received	Name of City Agency, City Official-elect, or Ballot Measure	Committee Name and ID Number	Amount
Date of Election	Description of Services Provided		

Date Payment Received	Name of City Agency, City Official-elect, or Ballot Measure	Committee Name and ID Number	Amount
Date of Election	Description of Services Provided		

Date Payment Received	Name of City Agency, City Official-elect, or Ballot Measure	Committee Name and ID Number	Amount
Date of Election	Description of Services Provided		

SUBTOTAL PAYMENTS RECEIVED: $_____

TOTAL PAYMENTS RECEIVED (if final page): $_____

CITY OF OCEANSIDE

FORM L-100

SCHEDULE E
PAYMENTS RECEIVED

(Firm) Name:_____

LOBBYIST REGISTRATION FORM

Page _____ of _____

PAYMENTS RECEIVED FROM CITY AGENCY, CITY OFFICIAL, CITY OFFICIAL-ELECT, CONTROLLED COMMITTEES, OFFICEHOLDER COMMITTEES OR BALLOT MEASURE COMMITTEES - Continued

Report any payment received for services rendered to any City agency, City official, City official-elect or their controlled committee, any officeholder committee or ballot measure committee

Date Payment Received	Name of City Agency, City Official-elect, or Ballot Measure	Committee Name and ID Number	Amount
Date of Election	Description of Services Provided		

Date Payment Received	Name of City Agency, City Official-elect, or Ballot Measure	Committee Name and ID Number	Amount
Date of Election	Description of Services Provided		

Date Payment Received	Name of City Agency, City Official-elect, or Ballot Measure	Committee Name and ID Number	Amount
Date of Election	Description of Services Provided		

SUBTOTAL PAYMENTS RECEIVED: $_____

TOTAL PAYMENTS RECEIVED (if final page): $_____

☐ Check box if additional Schedule E-payments received pages are attached.