

CITY OF OCEANSIDE

FORM L- 200

Instructions for Completing Form L- 200 Supplemental New Client Report Form

Type or print in ink legibly

An individual lobbyist or lobbying firm must file a Supplemental New Client Report Form with the City Clerk Department **within 10 days** of being retained to lobby on behalf of any person who was not listed on the lobbyist's initial or annual registration report. *A \$15 per-client fee is due at the time of submittal of Form L-200.*

New Client Registration (Complete Parts I, II and II)

Part I. Individual Lobbyist or Lobbying Firm Filer Information

If adding a new client that was not previously listed under the initial registration or annual registration renewal form, provide the lobbyist's name and the applicable lobbying firm information.

Part II. New Client Information

Provide the name of the client for whom the lobbyist or lobbying firm has been retained to represent on Part II.

List the name of the client, business address, telephone number, nature of each client's business, the item(s) of legislative or administrative action that the lobbyist or lobbying firm is seeking to influence on behalf of the client [providing sufficient detail for a clear understanding of the issue], the name of each person employed or retained by the lobbyist, if any, to lobby on behalf of each client and the date representation began. If additional space is required, copy and attach sheets.

(Note: Lobbying activities on behalf of new clients fall under the regulations and reporting requirements of Chapter 16C.)

Part III. Verification by Filer

Type or print the date and city and sign the completed form.

Mail, Email or FAX the completed form within 10 days to the below addresses/FAX number below. 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

NO FILING IS COMPLETE UNTIL PAYMENT IS RECEIVED

CITY OF OCEANSIDE

FORM L- 200

1. Fill out report
 2. Sign and date
 3. Mail payment to :
 4. Email completed form
 5. FAX to:
- City Clerk's Office
300 N. Coast Highway
Oceanside, CA 92054
lobbyistinfo@ci.oceanside.ca.us
760-967-3922

Date Received:

SUPPLEMENTAL REPORT FORM - NEW CLIENT REGISTRATION COVER SHEET

PART I – INDIVIDUAL LOBBYIST OR LOBBYING FIRM FILER INFORMATION

Name of Individual Lobbyist

Business Name

Name of Lobbying Firm

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

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

PART II – NEW CLIENT INFORMATION

On Part II (next page), list all clients for whom the lobbyist or lobbying firm is being retained to represent in lobbying activities.

PART III – VERIFICATION BY FILER

This is to certify that the lobbyist or lobbying firm named in Part I has been retained to represent the client(s) listed in Part II. I understand that all lobbying activities on behalf of the client(s) will fall under the regulations and reporting requirements of Oceanside Municipal Code Chapter 16C.

I, _____, have used all reasonable diligence in preparing this form. I have completed 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 Person
Authorized to Complete Form)

Print Name

Title

Address

Telephone Number

**City of Oceanside
SUPPLEMENTAL REPORT FORM**

PART II – CLIENT REGISTRATION

This is to certify that the Lobbyist or Lobbying Firm named in Part I of this form has been retained to represent the following client(s) in lobbying activities requiring registration pursuant to Oceanside Municipal Code Chapter 16C.

Date representation began: _____

Name of Client (Area Code) Telephone Number

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 Number

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:

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