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CITY OF OCEANSIDE

FORM L-400

Instructions for Completing Form L-400
Lobbying/Client Termination Form

A lobbyist or lobbying firm must file a Lobbying Termination Form with the City Clerk Department **within 30 days** of ceasing all lobbying activity in the City of Oceanside, or annual reports will continue to be required. After terminating the lobbyist(s) and lobbying firms must file an annual report disclosing the required information covering the period from the last calendar year to the date of termination.

Check the appropriate box(s).

INDIVIDUAL LOBBYIST TERMINATION. Complete Parts I and III. Be sure to indicate the lobbyist whose registration is being terminated.

LOBBYING FIRM TERMINATION. Complete Parts I and III. *Please note that all lobbyists and clients registered with the lobbying firm will also be terminated.*

CLIENT TERMINATION. Complete Parts I, II and III.

Part I. Lobbyist or Lobbying Firm Filer Information

If terminating a registered lobbyist, provide the lobbyist's name and the applicable lobbying firm information.

If terminating a registered lobbying firm, provide the lobbying firm information. All lobbyists and clients registered with the firm will automatically be terminated.

If terminating a registered client, provide lobbying firm information and client information (Part II).

Part II. Client Termination

Provide the name of the client for whom the lobbyist or lobbying firm has ceased representation on Part II.
List the name of the registered client, address, telephone number and the effective date of the termination. If additional space is required, copy and attach sheets.

Part III. Verification by Filer

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

Email the signed 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

Submit Via Email

FORM L-400

CITY OF OCEANSIDE

Date Received:

City Clerk Department Use Only

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

LOBBYING/CLIENT TERMINATION FORM

LOBBYING TERMINATION FOR:

☐ **INDIVIDUAL LOBBYIST** - (Lobbyist must complete Parts I and III)

☐ **LOBBYING FIRM** - (Lobbying Firm must complete Parts I and III)

☐ **CLIENT** - (Lobbyist or Lobbying Firm must complete Parts I, II and III

PART I – TERMINATING LOBBYIST OR LOBBYING FIRM INFORMATION

Name of Lobbyist Terminating | Name of Business/Firm Employed by

Name of Lobbying Firm Terminating

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

Telephone Number | Fax Number | E-Mail Address

Effective Date of Termination

PART II – CLIENT TERMINATION

On Part II (next page), list all clients which the lobbyist or lobbying firm is no longer representing in lobbying activities.

PART III – VERIFICATION BY FILER

This is to certify that the lobbyist or lobbying firm named in Part I has ceased all activities requiring lobbying registration under Oceanside City 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

☐ 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

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LOBBYING/CLIENT TERMINATION FORM

FORM L-400

PART II – CLIENT TERMINATION

This is to certify that the following client(s) is/are no longer represented by the Lobbyist or Lobbying Firm named in Part I of this form. All representative activities requiring registration pursuant to Oceanside Municipal Code Chapter 16C have ceased for this client.

Date of termination: _____

Name of Registered Client | Business Name

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

Telephone Number

Date of termination: _____

Name of Registered Client | Business Name

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

Telephone Number

Date of termination: _____

Name of Registered Client | Business Name

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

Telephone Number

Date of termination: _____

Name of Registered Client | Business Name

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

Telephone Number

☐ Check box if additional client termination pages are attached