



City of Anaheim
Office of the City Clerk

Please submit completed form(s) to:
Mail or in person: Office of the City Clerk
 200 S. Anaheim Blvd. Ste. 217, Anaheim, CA 92805; or
Email: tbass@anaheim.net; or **Fax:** (714) 765-4105

LOBBYIST REGISTRATION FORM

I/We qualify as a lobbyist on _____.

A lobbying firm/lobbyist shall register with the City Clerk within fifteen (15) days of the date of receiving or becoming entitled to receive five hundred dollars (\$500) or more in a calendar month while lobbying the City of Anaheim or any regional agency in which Anaheim has a voting role.

PART I – LOBBYIST INFORMATION

To list additional lobbyists, use **Schedule A**.

NAME OF LOBBYIST (Last, First, M.I.)		NAME OF LOBBYING FIRM (if applicable)	
BUSINESS EMAIL	BUSINESS PHONE (XXX) XXX-XXXX	ALT. BUSINESS PHONE (XXX) XXX-XXXX	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE

PART II – CLIENT INFORMATION

To list additional clients, use **Schedule B**.

NAME OF CLIENT (Last, First, M.I.)		NAME OF BUSINESS	BUSINESS PHONE (XXX) XXX-XXXX	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE	
Describe the legislative or administrative action(s) that the lobbyist is seeking to influence on behalf of this client:				

Verification

I certify that I have reviewed Ordinance No. 6417, made available on the City of Anaheim’s website and reviewed all applicable lobbying provisions. I declare under penalty of perjury under the laws of the State of California that the information contained herein is true and accurate to the best of my knowledge. I further declare that I will file within ten (10) days a Lobbyist Amendment Form if any change occurs or Notice of Termination if lobbyist activities cease.

SIGNATURE OF LOBBYIST	PRINT NAME OF LOBBYIST
NAME OF LOBBYING FIRM (if applicable)	DATE



LOBBYIST INFORMATION – SCHEDULE A

Note: Please complete this form when listing additional lobbyists who will be engaging in lobbying activity on behalf of your clients. This form may be duplicated for additional entries.

1. NAME OF LOBBYIST (Last, First, M.I.)		BUSINESS EMAIL		BUSINESS PHONE (XXX) XXX-XXXX	
Check here if address is same as firm address					
BUSINESS ADDRESS		CITY	STATE	ZIP CODE	
2. NAME OF LOBBYIST (Last, First, M.I.)		BUSINESS EMAIL		BUSINESS PHONE (XXX) XXX-XXXX	
Check here if address is same as firm address					
BUSINESS ADDRESS		CITY	STATE	ZIP CODE	
3. NAME OF LOBBYIST (Last, First, M.I.)		BUSINESS EMAIL		BUSINESS PHONE (XXX) XXX-XXXX	
Check here if address is same as firm address					
BUSINESS ADDRESS		CITY	STATE	ZIP CODE	
4. NAME OF LOBBYIST (Last, First, M.I.)		BUSINESS EMAIL		BUSINESS PHONE (XXX) XXX-XXXX	
Check here if address is same as firm address					
BUSINESS ADDRESS		CITY	STATE	ZIP CODE	
5. NAME OF LOBBYIST (Last, First, M.I.)		BUSINESS EMAIL		BUSINESS PHONE (XXX) XXX-XXXX	
Check here if address is same as firm address					
BUSINESS ADDRESS		CITY	STATE	ZIP CODE	
6. NAME OF LOBBYIST (Last, First, M.I.)		BUSINESS EMAIL		BUSINESS PHONE (XXX) XXX-XXXX	
Check here if address is same as firm address					
BUSINESS ADDRESS		CITY	STATE	ZIP CODE	
7. NAME OF LOBBYIST (Last, First, M.I.)		BUSINESS EMAIL		BUSINESS PHONE (XXX) XXX-XXXX	
Check here if address is same as firm address					
BUSINESS ADDRESS		CITY	STATE	ZIP CODE	

If more space is needed, check box and attach additional pages.



CLIENT INFORMATION – SCHEDULE B

Note: Please complete this form when listing additional clients. This form may be duplicated for additional entries.

1. NAME OF CLIENT (Last, First, M.I.)	NAME OF BUSINESS	BUSINESS PHONE (XXX) XXX-XXXX	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
Describe the legislative or administrative action(s) that the lobbyist is seeking to influence on behalf of this client:			

2. NAME OF CLIENT (Last, First, M.I.)	NAME OF BUSINESS	BUSINESS PHONE (XXX) XXX-XXXX	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
Describe the legislative or administrative action(s) that the lobbyist is seeking to influence on behalf of this client:			

3. NAME OF CLIENT (Last, First, M.I.)	NAME OF BUSINESS	BUSINESS PHONE (XXX) XXX-XXXX	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
Describe the legislative or administrative action(s) that the lobbyist is seeking to influence on behalf of this client:			

4. NAME OF CLIENT (Last, First, M.I.)	NAME OF BUSINESS	BUSINESS PHONE (XXX) XXX-XXXX	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
Describe the legislative or administrative action(s) that the lobbyist is seeking to influence on behalf of this client:			

5. NAME OF CLIENT (Last, First, M.I.)	NAME OF BUSINESS	BUSINESS PHONE (XXX) XXX-XXXX	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
Describe the legislative or administrative action(s) that the lobbyist is seeking to influence on behalf of this client:			

If more space is needed, check box and attach additional pages.