San Diego County Regional Airport Authority

Quarterly Lobbyist Disclosure Statement

(Due 15 days after Reporting Period)

Report For: ☐ January – March ☐ April – June ☐ July – September ☐ October - December

☐ **Check box if an Amendment**

TYPE OR PRINT IN INK

Name of Lobbyist: _____

Name of Firm or Employer: _____

Business Address:_____

City, State, Zip: _____

Phone: _____ Fax: _____

Mailing Address (if different from above): _____

NAME AND ADDRESS OF CLIENT	EXACT AMOUNT COMPENSATED FOR SERVICES	SPECIFIC ITEM OR ISSUE LOBBIED	EXPENSES PAID, INCURRED, OR PROVIDED	CAMPAIGN CONTRIBUTION	TOTAL AMOUNT EXPENDED*
	$		$	$	$
	$		$	$	$
	$		$	$	$
	$		$	$	$
	$		$	$	$

**The total amount expended for all expenses*

☐ *If more space is needed, check box and attach continuation sheets.*

☐ **Check here if you have nothing to report for this period.**

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge, the information contained herein and in the attached schedules 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 _____ **at** _____ **By:**_____

(Date) **(City/State)** **(Signature of Lobbyist)**