

Total Number of Pages  
including additional pages



# CITY OF CUPERTINO

## LOBBYIST REGISTRATION & REPORTING FORM

([CMC CH. 2.100](#))

### TYPE OF REPORT (check all that apply)

- Initial Registration
- Annual Renewal (filed annually by January 15)
- Termination, effective date:
- Amendment, filed on date:  
Amendment explanation: \_\_\_\_\_
  
- Quarterly Report (CMC 2.100.100) (check one below)
  - 1st quarter - January 1 to March 31 (filed by April 15)
  - 2nd Quarter - April 1 to June 30 (filed by July 15)
  - 3rd Quarter - July 1 to September 30 (filed by October 15)
  - 4th Quarter - October 1 to December 31 (filed by January 15)

## Section 1

### LOBBYIST INFORMATION

Are you a:

- Contract Lobbyist
- Business or Organization Lobbyist
- Expenditure Lobbyist

Note: Contract Lobbyist, Business or Organization Lobbyist, and Expenditure Lobbyist are defined in CMC 2.100.030(o).

Name of Lobbyist \_\_\_\_\_

Telephone Number \_\_\_\_\_

Business Address  
(Number and Street) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Cupertino Business  
License Number \_\_\_\_\_

DBA \_\_\_\_\_  
Federal Employer  
Identification  
Number (FEIN) \_\_\_\_\_

Specify how the Contract Lobbyist, Business or Organization Lobbyist, or the Expenditure  
Lobbyist entity is organized:

- Sole Proprietorship
- Partnership
- Non-Profit Corporation
- For-Profit Corporation
- Other:

If the Lobbyist is a sole proprietor or partnership of fewer than ten (10) persons, state the  
name(s) of the sole proprietor or persons with an ownership interest in the  
business: \_\_\_\_\_

If the Lobbyist is a corporation (for-profit or non-profit), state the name(s) of corporate Officers  
and the Agent for Service of Process and their respective contact information (if different from  
above): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 2

### REPORT FOR EACH CATEGORY OF LOBBYIST

CONTRACT LOBBYIST (CMC 2.100.090(a))

#### CLIENT INFORMATION

Client Name, \_\_\_\_\_  
Address, and \_\_\_\_\_  
Telephone \_\_\_\_\_  
Number \_\_\_\_\_  
Effective Date of \_\_\_\_\_  
Representation \_\_\_\_\_

Specify the nature and purpose of the client's business

---

---

Describe the legislative or administrative action(s) the Contract Lobbyist was retained to influence on behalf of the client, and the outcome sought (attach additional pages if necessary).

---

---

Name of each person working for the Contract Lobbyist that is engaged in lobbying activity on behalf of the client:

---

---

**ADDITIONAL CLIENTS**

If the contract lobbyist represents more than one client, attach a separate page providing all of the above information for each additional client.

BUSINESS OR ORGANIZATION LOBBYIST (CMC 2.100.090(b))

Name of Business \_\_\_\_\_

Name of owners, officers or employees conducting Lobbying activities on behalf of Business or Organization:

---

---

Describe the nature and purpose of the business, organization, or association.

---

---

The legislative or administrative action(s) the business or organization lobbyist seeks to influence

---

---

---

(Attach additional pages if necessary.)

EXPENDITURE LOBBYIST (CMC 2.100.090(c))

Name of Expenditure Lobbyist \_\_\_\_\_

Name of each person working for the Expenditure Lobbyist that is engaged in lobbying activity (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The legislative or administrative action(s) the expenditure lobbyist seeks to influence

\_\_\_\_\_  
\_\_\_\_\_

Amount of Payment(s) or Expenditure(s): \$ \_\_\_\_\_

### Section 3

#### PAYMENT FOR CONSULTANT OR OTHER SERVICES RENDERED TO CITY, CITY OFFICIALS, ETC. (CMC 2.100.090(d))

Name of Payer (e.g. City agency, City Official or City Official- elect, ballot measure committee) \_\_\_\_\_

Name of Recipient Lobbyist \_\_\_\_\_

Amount of Payments(s) \_\_\_\_\_

Date(s) of Payment(s) \_\_\_\_\_

#### CAMPAIGN CONTRIBUTIONS (CMC 2.100.090)

Name of Lobbyist Making or Delivering Contribution \_\_\_\_\_

Name of Contribution Recipient (Officeholder, Candidate, or Candidate-Controlled Committee) \_\_\_\_\_

Date of Contribution \_\_\_\_\_

Amount of Contribution \_\_\_\_\_

(Attach a separate page providing all of the above information for additional contributions as needed.)

INDEPENDENT EXPENDITURES (CMC 2.100.090(g))

Name of Lobbyist Making Independent Expenditure \_\_\_\_\_  
Name of City Official or candidate for City office that is intended beneficiary of Independent Expenditure \_\_\_\_\_  
Date of Expenditure \_\_\_\_\_  
Amount of Expenditure \_\_\_\_\_

(Attach a separate page providing all of the above information for additional expenditures as needed.)

FUNDRAISING ACTIVITY (CMC 2.100.090(h))

Name(s) of beneficiary of Fundraising Activity (City Official, candidate, committee, or party) \_\_\_\_\_  
Name of City Official requesting Fundraising Activity (if applicable) \_\_\_\_\_  
Date of Fundraising Activity \_\_\_\_\_  
Name(s) of contributors who made contributions in connection with Fundraising Activity \_\_\_\_\_  
Amount(s) of contributions raised in connection with Fundraising Activity \_\_\_\_\_

(Attach a separate page providing all of the above information for additional expenditures as needed.)

DONATIONS TO ORGANIZATIONS MADE AT BEHEST OF CITY OFFICIAL OR (CANDIDATE CMC 2.100.090(i))

Recipient of Donation (for profit or nonprofit Organization) \_\_\_\_\_  
Amount(s) of Donation(s) \_\_\_\_\_  
Date(s) of Donation(s) \_\_\_\_\_

Note: only donations totaling more than \$1000 in the aggregate per calendar year must be disclosed.

CONTACTS WITH CITY OFFICIALS OR CITY OFFICIALS-ELECT (CMC 2.100.090(j))

Name(s) of City Official(s) or  
City Official(s)-Elect  
contacted

Date(s) of Contact

Methods(s) of Contact

---

---

---

Approximate Number of Contacts during calendar year:

- One Contact
- Two to Five Contacts
- Six to Ten Contacts
- Eleven or More Contacts

ACTIVITY EXPENSES (CMC 2.100.090(k))

Beneficiary or recipient(s) of  
Activity Expense(s) (City  
Official, City Official- elect or  
member of his or her  
immediate family or  
domestic partner)

Amount(s) of Activity  
Expense(s)

Date(s) of Activity  
Expense(s)

---

---

---

Note: Activity Expenses include Gifts, honoraria, consulting fees, salaries and other forms of Compensation, but do not include campaign contributions.

## Section 4

TERMINATION (2.100.060)

I certify that I have been authorized by the Lobbyist identified above to make this verification. I have reviewed the requirements of the provisions of the Cupertino Municipal Code (Chapter 2.100). I certify under penalty of perjury under the laws of the State of California that I have reviewed the Notice of Termination and to the best of my knowledge the information contained herein is true and complete.

Termination Effective: \_\_\_\_\_

Print Name \_\_\_\_\_  
Title \_\_\_\_\_  
Signature \_\_\_\_\_  
Executed on:  
(month, day, year) \_\_\_\_\_

**ATTACHMENTS**

I have reviewed the lobbyist guidelines and I have nothing to report.  
Attached to this Report is/are the following:

\_\_\_\_\_

(If additional space is needed, attach additional pages with responses to each of the above disclosure categories)

**FEES DUE (CMC 2.100.080 and see [Fee Schedule A – General](#))**

Lobbyist Registration Fee\* (January 1 - December 31) \$  
Delinquent Fee \$  
  
Total Payment Due With Report \$

Registration Fee	Delinquent Fees
\$188.27	\$25 per day with a max of \$500

**Make checks payable to:** City of Cupertino  
**Send Forms and Payment to:** City of Cupertino  
City Clerk’s Office  
10300 Torre Avenue  
Cupertino, CA 95014

*NOTE: Late fees will apply to any lobbying activity not reported after the 15 days of qualifying as a lobbyist  
\*Initial registration fee is due within 15 days after qualifying as a lobbyist*

**VERIFICATION**

I certify that I have been authorized by the Lobbyist identified above to make this verification. I have reviewed the requirements of the provisions of the Cupertino Municipal Code (Chapter 2.100). I certify under penalty of perjury under the laws of the State of California that I have reviewed this Lobbyist Report and to the best of my knowledge the information contained herein is true and complete. (CMC 2.100.090(1))

Print Name \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Signature

Executed on:

(month, day, year)

---

---

---

APPENDIX A:

[Cupertino Municipal Code Ch. 2.100.](#)