

County of Santa Clara

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For Internal Use Only



Megan Doyle
Clerk of the Board

TERMINATION OF LOBBYING ACTIVITIES DECLARATION

Check Verifications:

- I have terminated all lobbying activity .
- I will submit a final Lobbyist Disclosure Report with this form.

Lobbyist Information:

Name: Telephone: Fax:

Email:

Business Address

Street:

City: State: Zip Code:

Mailing Address

Street:

City: State: Zip Code:

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 County of Santa Clara Ordinance Code Division A3, Chapter VII, relating to Lobbying. 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.

Print Name _____ Title _____

Signature _____ Date _____

TERMINATION OF LOBBYING ACTIVITIES DECLARATION INSTRUCTIONS

TO COMPLETE THE REPORT:

Note: Form must be accompanied by a Final Lobbyist Disclosure Report, disclosing any lobbying activities that occurred during the quarter of termination.

Mark that you have terminated lobbying activity and that you will submit a final Lobbyist Disclosure Report.

Verification

- Complete the verification by signing the statement and entering the date signed. When you sign, you are stating, under penalty of perjury, that to the best of your knowledge the information contained herein is true and complete. **Do not alter the verification statement.**
- **An unsigned Notice of Termination will be deemed unfiled.**