

LOBBYING - APPLICATION TO OBTAIN LOGON ID NUMBER AND PASSWORD

1. I am submitting this application as a: (*check one*)
__ Responsible Officer of Lobbyist Employer __ Responsible Officer of Lobbying Firm __ Lobbyist
__ Other (specify) _____
2. The name of the filing entity or person for which an ID number and a password are requested is: (*type or print legibly*)

(full name)

(SOS ID# if known)

(street address)

(city) (state) (zip code)

3. The filer for which an ID number and a password are requested is a: (*check one*)
__ Lobbying Firm __ Lobbyist Employer/Coalition __ Lobbyist __ Payment to Influence Filer __ Client of Lobbying Firm
__ Other (specify) _____
4. If you want to authorize an approved vendor to obtain your ID number and password for you, complete the following:

I intend for an approved vendor or service provider to submit my lobbyist activity documents electronically on my behalf.
hereby authorize:

EASYDISCLOSURE.COM, A SERVICE OF CAPITOL WEBWORKS, LLC

to obtain my logon filing ID number and password in order to file my documents electronically.

5. If you are requesting an ID number and a password for a new client of a lobbying firm, indicate the name of the **lobbying firm**:

(Name of **lobbying firm**):

6. If you are requesting an ID number and a password for a new lobbyist of a firm or lobbyist employer, indicate the name of the **lobbying firm or lobbyist employer**:

(Name of **lobbying firm or lobbyist employer**):

Be sure to immediately amend your lobbying registration on paper with this office to reflect the new addition. It is the submitted paperwork, rather than the online/electronic filings, that will update your online record with the Office of the Secretary of State.

I am entitled to file lobbying activity documents on behalf of the above entity or person. I hereby apply for the issuance of a logon ID number and a password in order to file lobbying activity documents online/electronically.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

(date)

(where signed)

(signature)

(printed name of signer)

copy to: CWW, 916-558-1518

(phone number)

(fax number)

(e-mail address if available)

NOTE: Any online or electronic filing, by an approved vendor or otherwise, is presumed to be filed under penalty of perjury.

(Government Code section 84605(h))

FAX THIS APPLICATION TO: (916) 558-1518

If you have questions, call 916-444-1424.