



**LOBBYING DISCLOSURE PROGRAM
TERMINATION STATEMENT FOR LOBBYING ORGANIZATIONS**

Lobbying Organization Name: _____ URL: _____

Organization Address (City, State, Zip): _____

Telephone #: _____ Fax #: _____ Email: _____

RESPONSIBLE SENIOR OFFICER STATEMENT

My organization is terminating our registration with LAUSD's Lobbying Disclosure Program for the following reason:

- We are ceasing any further lobbying activities in LAUSD for this year.
- Our lobbying activities in LAUSD will actually fall below the \$10,000 trigger threshold this year.
- We will no longer be compensated by any client(s) to lobby LAUSD for this year.

I understand that should our lobbying activities change in the future and meet the registration triggers again, we will be required to register anew.

Name of Responsible Senior Officer	Title of Responsible Senior Officer
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Signature of Responsible Senior Officer	Date	Email Address
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FILER STATEMENT

As the authorized Filer for the Lobbying Organization listed above, I certify that all Quarterly Disclosure Reports are up-to-date and have been approved accordingly by the LAUSD Ethics Office. I understand that any pending fees or fines must be paid before this termination will be approved.

Name of Filer	Name of Filer's Organization
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Signature of Filer	Date	Email Address
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<p><i>OFFICE USE ONLY</i></p> <p>Termination Received: _____</p> <p>Termination Approved: _____</p>	<p><i>NOTES:</i></p>
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